



NCD ATLAS

BRIDGING THE GAP ON NCDs

THROUGH CIVIL SOCIETY ACTION

Initiatives of national and regional NCD alliances



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Edited by NCD Alliance, 2020

Views expressed are of contributing NCD alliances, and cannot be ascribed to the NCD Alliance

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Acronyms and abbreviations

AFRO	WHO African region
COI	Conflict of interest
CSOs	Civil society organisations
EMRO	WHO Eastern Mediterranean region
EURO	WHO European region
FCTC	Framework Convention on Tobacco Control
HICs	High-income countries
LICs	Low-income countries
LMICs	Low- and middle-income countries
MoH	Ministry of Health
NCDs	Noncommunicable diseases
NCDA	NCD Alliance
PAHO	Pan American Health Organization region
PLWNCDs	People living with NCDs
SDGs	Sustainable Development Goals
SEARO	WHO Southeast Asia region
UHC	Universal Health Coverage
UN HLM	United Nations High-Level Meeting
WHO	World Health Organization
WPRO	WHO Western Pacific Region
UN	United Nations

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Executive summary

Acknowledgements

The NCD Alliance publication '*NCD Atlas - Bridging the Gap on NCDs through Civil Society Action: Initiatives of National and Regional NCD Alliances*' is based on the contributions of national and regional NCD alliances. Thank you to all those who responded to the online survey and submitted initiatives towards the case profiles.

The NCD Alliance also sincerely thanks the three independent reviewers who helped score the initiatives and select the winners for the 2020 Sharjah Awards for Excellence in NCD Civil Society: Kwanele Asante-Shongwe, Secretary General of the African Organization for Research and Training in Cancer (AORTIC), *Our Views, Our Voices* Global Advisory Committee Member; Emma Feeny, Head of Global Advocacy at the George Institute for Global Health; and Miguel Malo, NCDs Advisor at WHO/PAHO Mexico.

The NCD Atlas was conceptualised, managed and edited by NCD Alliance's Luis Manuel Encarnacion, Cristina Parsons Perez and Katie Dain. Shoba John (an external consultant)* analysed the survey data, developed the case profiles and wrote the report. Jimena Márquez and Mar Nieto undertook the graphic design and production.

This NCD Atlas was made possible thanks to a partnership with Friends of Cancer Patients as part of work towards the third Global NCD Alliance Forum 2020.

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Five years ahead of the 2025 global NCD targets and ten years ahead of the Sustainable Development Goals deadline of 2030, international commitments have not translated into local action, and the vast majority of countries are off-track to meet these targets. It is time for countries to step up and implement the commitments adopted at the three UN High-Level Meetings on NCDs in 2011, 2014 and 2018, which call on them to scale up action to prevent and control NCDs. A whole-of-society approach that meaningfully engages and provides a space for civil society organisations, people living with NCDs, youth and vulnerable populations, is imperative in achieving this pursuit.

The global NCD civil society movement has seen substantive growth over the last decade, with concerted efforts to bridge the gap on NCD action and meet the global NCD targets by 2025 and 2030 at national, regional and global levels. The number of national and regional NCD alliances has grown from 43 in 2015 to 55 in 2017 and 65 in 2019. To effectively bridge the gap, a vibrant and mobilised NCD civil society must play a key role in the NCD response by increasing awareness, ensuring access to services, advocating for action, and ensuring accountability.

To showcase NCD civil society efforts in bridging the gap on NCDs, and to coincide with the third Global NCD Alliance Forum 2020 taking place in Sharjah, United Arab Emirates, the NCD Alliance has developed the '*NCD Atlas - Bridging the Gap on NCDs through Civil Society Action: Initiatives of National and Regional NCD Alliances*' publication.

This new NCD Atlas provides updated information on NCD alliances by presenting the results of an online survey, and offering a snapshot of their current status and growth. It also assesses alliances' views and perspectives on the enablers and barriers for governments and civil society to achieve global NCD targets, as well as their key priorities and recommendations to bridge the gap on NCDs.

This updated analysis of alliances is further complemented through the compilation of 11 case studies from national and regional NCD alliances, showcasing initiatives that have contributed to bridging the gap in meeting NCD targets. These cases fall under three categories: advocating and adopting transformative policies and solutions, building NCD social movements, and enhancing accountability mechanisms. With the input of an independent review panel, the top initiative in each category was presented with a 2020 Sharjah Award for Excellence in NCD Civil Society Action at the third Global NCD Alliance Forum 2020.

To boost NCD civil society and to accelerate action on NCDs, the Atlas presents a set of recommendations to national and regional NCD alliances, international organisations, governments, and the NCD Alliance.

Background

For over a decade, the NCD Alliance (NCDA) has mobilised and convened the global NCD civil society community, particularly through a growing network of 65 national and regional NCD alliances, and advocated for its active engagement in the NCD response at all levels. It has effectively campaigned at the successive United Nations High-Level Meetings (UN HLMs) on NCDs in 2011, 2014 and 2018, and mobilised the global NCD civil society community to advocate for stronger government commitments and action to meet global NCD targets. These include the goal of the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020¹ to reduce premature mortality from the four major NCDs by 25% by 2025 (best known as the '25x25 targets'), and the 2030 Sustainable Development Goals (SDGs) target 3.4, aiming to reduce by one third the premature mortality from NCDs by 2030.

With the three UN HLMs on NCDs, the adoption of the WHO Global Action Plan and the 2030 Agenda, we have seen important successes on NCD prevention and control. These political processes have positioned NCDs in the international development agenda, increased world leaders' commitments and attention, and set up ambitious global targets. NCDs are now recognised as the world's biggest killer and cause of disability, constituting a global health crisis requiring an urgent policy response.

Nevertheless, almost ten years after the first UN HLM on NCDs and ten years ahead of the SDGs deadline of 2030, leaders have not yet followed up sufficiently on their international commitments, and promises made at the UN level have not translated into action at the national and regional levels. According to the NCD Countdown 2030², only one out of six countries in the world, most of them high-income, will be able to fulfil SDG target 3.4, while half of the countries in the world are far off-track and will not fulfil it at the current rate of progress.

In this context, it is time for countries to effectively adopt the commitments agreed at the three UN HLMs on NCDs, which call on governments to scale up the NCD response, implementing a whole-of-society approach.

Civil society is integral to the commitment that governments made to pursue a whole-of-society approach to NCDs at the UN HLMs, particularly in 2018 where the UN Political Declaration included a commitment for the meaningful engagement of civil society in supporting national NCD plans and amplifying the voices of people living with NCDs (PLWNCDs). Civil society organisations, PLWNCDs, young people and other vulnerable populations, ought to be meaningfully involved and have an active role in the NCD response. The proximity of civil society organisations (CSOs) to the communities and the people living with and affected by NCDs position them to play an important role in NCD decision-making, raising public demand for policies, ensuring that services reach communities, and holding governments accountable for their commitments.

The global network of national and regional NCD alliances has been working on this task over the last several years. They have increased awareness, ensured greater access to NCD services and medicines, advocated for stronger policies and regulations, and held governments to account with this aim.

In 2015, at the time of the first Global NCD Alliance Forum, NCDA produced the '[Achieving 25 x 25 through Civil Society Coalitions: A situational analysis of national and regional NCD alliances](#)' publication. It helped describe the evolution, structure, priorities, challenges and needs of the 43 national and regional NCD alliances that existed at the time. The 2015 Forum also saw the adoption of the '[Sharjah Declaration on NCDs: Civil Society United Towards 2030](#)', a global expression of the NCD civil society's commitment to advance the NCD response by delivering on its key roles. At the time of the second Global NCD Alliance Forum in 2017, the NCD civil society movement had expanded to 55 national and regional alliances. The publication '[NCD Civil Society Atlas: National and Regional NCD Alliances in Action](#)' captured a snapshot of case studies from alliances, presenting their concrete contributions to the NCD response, delivering on their roles and taking forward the commitments in the Sharjah Declaration.

In 2019, the number of national and regional NCD alliances grew to 65. Several of these alliances now include PLWNCDs and youth. However, governments and the international community have been slow to recognise and meaningfully include civil society in their strategies and policies addressing NCDs.

NCDA undertakes several initiatives to enhance the role of civil society in the NCD response. In this regard, NCDA will convene the third Global NCD Alliance Forum 2020 in Sharjah, United Arab Emirates (UAE), in February 2020. The Forum is framed around '[Bridging the Gap - accelerating global efforts to translate political commitments and rhetoric into action and implementation at local and national levels](#)'. It seeks to galvanise civil society around monitoring national progress and accelerating action, provide tools and strengthen skills in NCD advocacy. Her Highness Sheikha Jawaher Bint Mohammed Al Qasimi, Wife of the Ruler of Sharjah, UAE, Founder and Royal Patron of Friend of Cancer Patients, is the patron of the Forum.

In the lead-up to the Forum, NCDA commissioned the '[NCD Atlas - Bridging the Gap on NCDs through Civil Society Action: Initiatives of National and Regional NCD Alliances](#)' publication. This publication aims to share good practice and lessons learned from civil society action on NCD prevention and control, fostering knowledge sharing and collaboration. Through the results of an online survey, it provides a snapshot of the current status and growth of the global network of national and regional NCD alliances, and of their views on the enablers and barriers for governments and civil society to achieve the 25x25 targets and the 2030 Agenda.

Survey results have also inputted into the NCDA background brief '[Bridging the Gap on NCDs: From global promises to local progress](#)', which outlines the major gaps in the first decade of the NCD response and proposes actions for civil society to bridge the gap. The NCD Atlas helps address the community engagement gap assessed in this policy paper, by providing an in-depth analysis of the NCD civil society today, demonstrating the enablers and barriers to achieve NCD alliances' meaningful engagement in the NCD response, and highlighting the key role played by NCD alliances in this effort.

This publication also presents a compilation of 11 case studies of initiatives from NCD alliances that have contributed to bridging the gap in meeting global targets on NCD prevention and control. These cases represent each one of the **2020 Forum sub-themes**:

1. Saving lives through transformative policies and solutions



Looking at the promotion and implementation of cost-effective policies

2. Building demand through transformative social movements and voices of change



Focusing on efforts in community mobilisation, particularly with people living with NCDs and youth

3. Enhancing accountability through transformative and inclusive governance



Looking at advocacy efforts to strengthen accountability systems, and to ensure good governance (transparency, integrity and inclusive participation)

¹ A 2019 World Health Assembly resolution extended the WHO Global Action Plan on NCDs from 2020 to 2030 and aligned it with the 2030 Agenda for Sustainable Development.

² NCD Countdown 2030: worldwide trends in non-communicable disease mortality and progress towards Sustainable Development Goal target 3.4. The Lancet. 22 September 2018. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31992-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31992-5/fulltext)

Summary of main findings

After major global successes on policy and political commitments to address NCD prevention and control, progress at the local level has been slow. The first decade of the NCD response is associated with major gaps in action – Leadership, Investment, Care, Community Engagement, and Accountability – as noted in NCDA's background brief *'Bridging the Gap on NCDs: From global promises to local progress'*. Civil society is key to addressing these gaps, accelerating current efforts, advocating to governments and holding decision makers to account.

Based on a survey of national and regional NCD alliances and a showcase of alliance initiatives, this NCD Atlas illustrates a growing active and vibrant NCD civil society movement, with national and regional NCD alliances across the world coalescing around a shared agenda to drive change. This publication also demonstrates that there has been a steady growth of NCD alliances in the past decade. These alliances largely address the major NCDs and their modifiable risk factors, focusing on prevention, awareness raising and civil society mobilisation, with less focus on treatment and care related issues. Their main activities are based on coordinating civil society action, policy advocacy at local/national level, and public education and awareness raising.

Initiatives showcased in this publication show how NCD alliances display broad diversity in their targets of civil society action; ranging from PLWNCDs, youth and the public to schools, banks, legislatures, courts, presidential candidates, Heads of State and regional economic bodies. In some initiatives, alliances seized existing opportunities such as elections or an industry violation. In others, they created the demand for policies or programmes from the ground up. Though some had a short initial timeline, all had a multi-year plan and vision. These initiatives show remarkable abilities in leveraging windows of opportunity and limited resources for maximum impact, through partnerships and sustainability efforts.

Top achievements towards bridging the gap in NCD targets and commitments have included the formation of alliances and civil society mobilisation, increased government interest in NCDs, and greater involvement of PLWNCDs and youth. In this regard, the alliances identified three key enablers to help maximise civil society efforts in bridging the gap in the NCD response: resource mobilisation, greater government engagement, and better coordination within alliances. Political elections, regional intergovernmental meetings, serving on government committees, early policy wins, ongoing development of national strategies, and systemic reform processes, such as around Universal Health Coverage (UHC), were among the immediate political opportunities that were spotted for action.

While a majority of alliances recognised significant progress on NCDs at the global level, they were concerned that their governments were delayed in meeting targets and integrating NCDs into existing health programmes. In fact, only one fifth of alliances believed their country to be on track to meet the 2025 or 2030 targets. In this line, alliances identified lack of political leadership and will, financial constraints, and inadequate staff/technical capacity, alongside poor programme implementation, as barriers to government efforts in meeting the NCD targets. The low prioritisation of NCDs by governments was attributed to competing health priorities and unhealthy commodity industry influences. To face these challenges, alliances identified key measures to enable governments to scale up action and resources for NCDs, particularly channelling tax revenues from unhealthy commodities towards NCDs, greater engagement of civil society, and integration of NCD interventions into existing programmes.

As with alliances, many governments' NCD governance and accountability mechanisms are yet to emerge, and all can be strengthened. Only a fifth of alliances believed their government to have sufficient accountability mechanisms to comply with NCD commitments. Apart from general disappointment over insufficient governmental efforts to ensure transparency and the absence of a rights-based approach, NCD alliances were acutely discontent with the lack of mechanisms to manage conflicts of interest in health policy and NCD decision-making.

Alliances felt the need for more civil society and PLWNCDs involvement in government decision making, with the majority identifying the need for more civil society preparedness for such engagement. Meaningful engagement of civil society in decision making and accountability mechanisms, integrating NCDs into existing health programmes, and raising public awareness, were all priority areas where alliances sought greater collaboration with their governments.

Looking ahead to bridge the gap between NCD commitments and progress, alliances' top advocacy priorities to urge governments to meet NCD targets are: (1) demonstrating and adopting effective interventions (including WHO 'best buys'); (2) securing sustainable resources; (3) improving government technical capacity; and (4) integrating NCD prevention and control into UHC national benefit packages.

Initiatives showcased in this publication demonstrate how some alliances have worked with governments to increase action, while others demanded governmental accountability. All initiatives show clearly how alliances help governments bridge the gap in meeting their commitments to the global, regional and national NCD targets. Of course, despite their achievements, NCD alliances still face important challenges and capacity needs. For example, accountability is an area where civil society action is yet to emerge, with only one third of the alliances reporting some action, mostly from the PAHO and EURO regions. Alliances are also still facing financial constraints, a lack of mechanisms to engage in government decision making, and inadequate civil society coordination, all factors which hinder their efforts.

Therefore, investing in a strong, vibrant and mobilised NCD community (particularly in LMICs), including NCD alliances, is central to help bridge the gaps that impede fulfilling NCD targets at all levels. Sustaining coalitions, communication, strategic planning, multisectoral engagement, and resource mobilisation are top areas where alliances are seeking further capacity development. Increasing engagement in regional advocacy and facilitating learning among alliances were also identified as areas that could be strengthened to enhance national and regional NCD action.

Key findings

There has been a steady growth in the NCD civil society movement at the national and regional level over the last decade, particularly in low- and middle-income countries.

The number of national and regional NCD alliances has increased from 43 in 2015 to 65 in 2019. The region with the greatest increase in the number of alliances was AFRO, followed by SEARO and EMRO.

There is a general perception amongst national and regional NCD alliances that their country is off track to meet the 2025 and 2030 NCD targets, with only 19% of alliances believing their country is on track.

This perception by NCD alliances aligns with WHO and NCD Countdown data on country progress to meet the targets, which shows that less than half of countries are on track to reduce premature deaths from NCDs by one third by 2030.

Meaningful involvement and engagement of civil society and PLWNCDs in the NCD response, across decision-making and policy shaping, service design and accountability, is a top priority that needs improvement.

Whilst involvement of civil society was highlighted by alliances as a priority area for collaboration with governments, only 36% of national and regional NCD alliances currently consider civil society to be meaningfully involved in government decision-making processes on NCDs, and only 13% of alliances consider PLWNCDs to be engaged in decision-making processes. Developing civil society capacity is one strategy to help address this issue, as most national and regional NCD alliances do not consider civil society to be well-equipped to get involved in government decision making processes.

The influence of unhealthy commodity industries' was highlighted as one of the bottlenecks for government prioritisation and action on NCDs, with half of alliances citing it as a reason for slow progress.

Furthermore, only 7% of NCD alliances believe their governments have efficient mechanisms to manage conflicts of interest in health policy and NCD policy making processes.

Accountability at the national and regional level is a major gap that was highlighted by the alliances, both in terms of government action and civil society priority.

Only 19% of alliances believe their government has sufficient accountability mechanisms to track and monitor the implementation of NCD commitments. This is also reflected in how much civil society has prioritised accountability in their own work, with only one third of national and regional NCD alliances indicating they are involved in any accountability activities.

Civil society and communities are key partners to governments and multilateral agencies, and have contributed in many ways to enhancing the NCD response at national and regional levels.

The stated top achievements by the national and regional alliance's in bridging the gap on NCDs were the formation of alliances themselves and mobilisation of civil society at country or regional level, increased government attention and priority to NCDs, and enhanced public involvement in NCD issues, including PLWNCDs and youth.

Looking ahead to 2025 and 2030, civil society stands ready to support governments to bridge the gap and accelerate action on NCDs.

The national and regional NCD alliances' stated top priority areas for civil society action to 2025 and 2030 are sustained advocacy, resource mobilisation for civil society capacity, skills and leadership, and building community awareness on NCDs. Investment in civil society should be seen as a priority and a global public good.

Civil society are important advocates and change agents, raising public demand for policies, laws, and regulation, and ensuring that services reach communities.

The top stated advocacy priorities by the alliances are promoting and facilitating the uptake by governments of effective NCD policies and interventions; ensuring sustainable financing for the NCD response; increasing government technical capacity for NCDs; and integrating NCD prevention and control into UHC responses and national benefit packages.

Civil society need supportive legal, social and policy environments for them to thrive and have an impact at national and regional levels.

NCD alliances consider more financial resources, increased government-CSO engagement, and a coordinated CSO response as top enablers that could enhance their work.

PART I

Bridging the Gap on NCD action: survey of national and regional NCD alliances

I. Survey methodology

A semi-structured questionnaire comprising three broad sections was set up on Survey Monkey. The first section aimed to gather the status and growth of national and regional NCD alliances, as well as their main areas of work, challenges and capacity needs.

Next, a thematic section divided by the three subthemes of the Global NCD Alliance Forum 2020 (social movements, policies and accountability) gathered NCD alliances' views and perspectives on the enablers and barriers for governments and civil society to achieve the 25x25 targets and the 2030 Agenda. A final section focused on their interaction with the NCD Alliance, recommendations for improvement and areas for furthering civil society engagement in NCD advocacy across all levels. The results of these three broad sections are presented in this publication.

The online survey, launched on 24 October 2019, was disseminated by email among the existing 65 national and regional NCD alliances that are currently on NCDA records. The survey was available for response during a three-week period.

Sample and data analysis

The survey received responses from 48 national and regional NCD alliances. After eliminating a duplicate and an invalid response, 46 responses were considered in describing the profile and programmatic focus of the respondent alliances (report sections II and III).

Of the 46 responses, two did not include information for the thematic sections of the survey. The general analysis of these sections was therefore based on the 44 responses that were complete, and these results are presented in section IV of this report. This same data was used for section V, which looks at additional barriers and capacity needs to bridge the gap on NCD action.

The data from the 44 alliances was also analysed by the six WHO regions (Africa-AFRO; the Americas-PAHO; Eastern Mediterranean-EMRO; Europe-EURO; Southeast Asia-SEARO; and Western Pacific-WPRO). The report presents the relevant regional trends in relation to the total number of alliances from each region.

Additionally, the responses from alliances across sections were analysed using the World Bank classification for country incomes (low income countries, LICs; lower-middle income countries, LMICs; upper-middle income countries, UMIC; and high income countries, HICs). The income analysis excluded responses from the four regional alliances, as they do not fit into any specific income category. The income analysis in this report is therefore based on the 40 complete responses received from national alliances. When results are presented for income categories, these represent the number of alliances out of the total number of alliances in each income category.

The open-ended questions in the survey were analysed using a conceptual framework and are discussed in the relevant sections.

Scope and limitations of the survey

The survey had a representative sample, with responses from 70% of the eligible respondent alliances. Further, alliances from all WHO regions and country income groups participated in the survey, thus the diversity of the NCD civil society movement is reflected in the data. The data was also gathered from alliances at various stages of establishment and functioning, further enriching the findings with a wide range of experiences and views.

However, the wide variations in the responses from various regions and income groups have limited the scope for cross-comparisons. This has been partially addressed by presenting the cross analysis results out of the total responses for each of the sub-categories (e.g. total respondent alliances/region).

The survey intended to obtain one response per alliance, ideally that of alliance coordinators. This would lend veracity to information regarding alliance characteristics such as size, year of formation and legal nature. However, the views of alliance members that could potentially reflect a different *locus standi* and perspectives on its substantive themes, such as enablers and challenges to the civil society response, were beyond the scope of this survey.

The complex nature of NCDs meant a vast array of options for several of the survey questions. While this enabled the survey to capture the breadth of responses on the key focus areas and activities of alliances, it rendered the data thin for cross analysis in several instances, such as by regions or income groups. This suggests caution in comparative data interpretation.

Survey respondents

The survey received the most responses from alliances in LICs (31%) and LMICs (28%), followed by HICs (24%) and UMICs (17%), as shown in Figure 1. As Figure 2 presents, the sample included significantly more alliances from AFRO (41%) than from other regions.

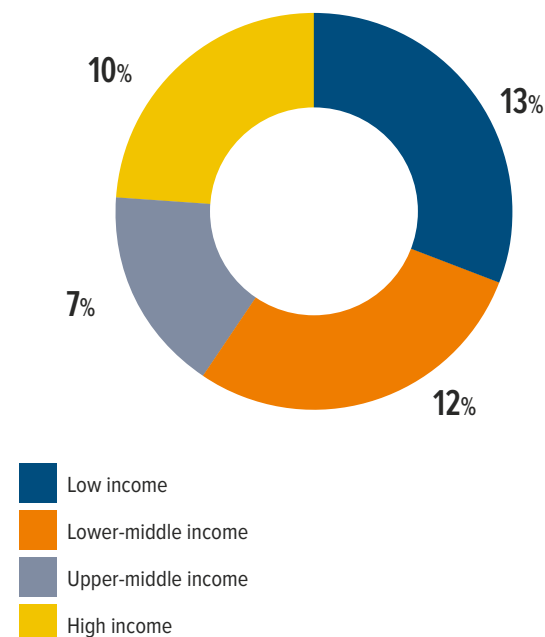


Figure 1. Respondents by country income

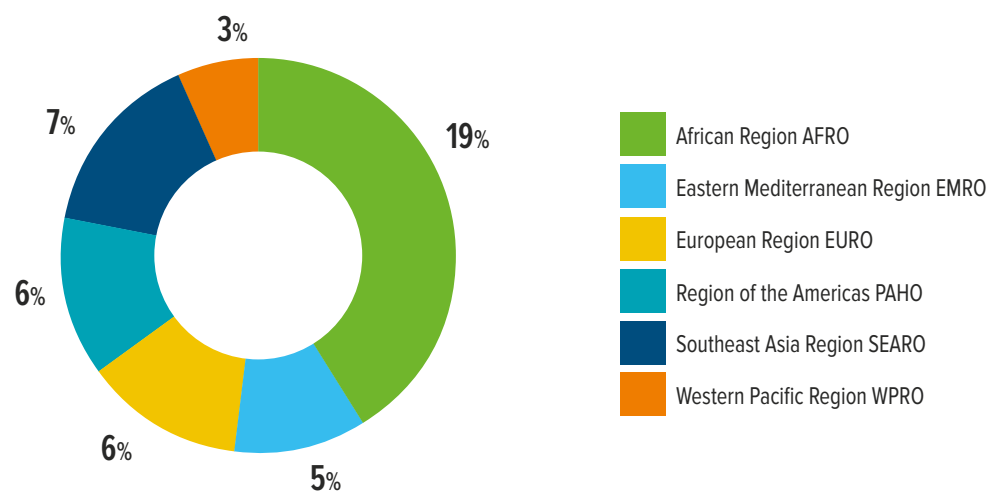


Figure 2. Respondents by region

II. Profile of NCD alliances

The NCD civil society is diverse, comprising non-governmental organisations (NGOs), patient groups, consumer groups, women’s groups, youth organisations, professional societies, and others. The global network of national and regional NCD alliances are also key civil society stakeholders, uniting disease and risk factor interest groups, effectively coordinating advocacy, and amplifying members’ efforts to achieve common objectives.

This section presents a situational analysis of the status and growth of national and regional NCD alliances, updated from an initial analysis undertaken by NCDA in 2015.⁴ It describes the profile of the 46 alliances that completed the relevant survey questions, in terms of their formation, membership features and growth plans. Regional insights on the profiles are based on 44 responses that were relevant to this analysis.

Year of formation of alliances

The responses reflect a consistent increase in the average number of alliances formed since 2000, beginning with an average of one every three years up to 2009, followed by a steep spike in the average to over four alliances formed per year during 2010-2014 (around the first UN HLM on NCDs), and a further increase in the average since 2016 with six respondent alliances being formed every year through 2018.

These results support the 2015 ‘[Achieving 25 x 25 Through Civil Society Coalitions: A situational analysis of national and regional NCD alliances](#)’ publication, which showed that global events such as the 2011 UN HLM on NCDs and the 2030 Agenda launch in 2015 were important triggers for the formation of alliances. The growth of alliances since 2015 may also reflect the domino effect, where the formation of alliances in a region promotes the emergence of other alliances. In addition, there has been increased convening of NCD civil society, such as the Global NCD Alliance Forum that first took place in 2015 and again in 2017, and NCD coalition-building has been stimulated through initiatives like the NCDA’s Advocacy Institute Seed Programme.

KEY MESSAGES

There has been a steady increase in the emergence of NCD alliances since the year 2000, growing from 43 in 2015 to 65 in 2019.

There are more mid-sized alliances than other sizes, with the majority desiring expansion; few have non-health, development-focused organisations on board.

Most alliances involve PLWNCDs and youth in their work.

Most alliances have member funding, with just 10% receiving government funding, mostly in HICs.

Legal status

The sample consisted of an equal number of formal alliances that have their own legal entity and those that are informal in nature (not a registered formal entity). While an overwhelming majority of alliances from AFRO (89%) are formal in nature (Figure 3), over 70% of those from EMRO, EURO, PAHO and SEARO and all from WPRO are informal alliances.

Membership

Size

Over two-thirds are mid-size alliances convening 6-50 members, and 20% are relatively smaller with 5 or fewer members, while at the other end of the spectrum are the 10% with over 50 members. The large alliances are mainly from Latin America, particularly the regional alliance with members across the region.

Nature of members

As Figure 3 shows, the majority of alliances are comprised of organisational members, with just 10% admitting individual members. EMRO alliances tend to include individuals as members (60%), whereas WPRO alliances are exclusively for organisations. In the rest of the regions, more alliances are open to organisational members than those that include individuals.

⁴ NCD Alliance. Achieving 25 x 25 Through Civil Society Coalitions: A situational analysis of national and regional NCD alliances. 2015. Available at: <https://ncdalliance.org/resources/achieving-25-x-25-through-civil-society-coalitions>

Type of organisational members

The majority of alliances (85%) reported having disease specific organisations among their members, followed by patient support organisations (70%), risk factor organisations (67%), professional medical associations (50%), knowledge and research centres (50%), non-health organisations (37%), organisations focused on broader development issues (22%), private sector (13%), and government agencies (9%). Some alliances also reported media, health-related student organisations, and religious organisations within their fold.

Asian alliances in SEARO and WPRO have fewer NCD risk factor organisations among their membership, and none are working on broader development issues such as poverty and gender. Non-health organisations are absent among alliances in EURO and WPRO, and PAHO and EURO do not have private sector members, which demonstrates their strong stance on tackling the interference of unhealthy commodity industries.

Expansion plans

Over 60% of the alliances across regions expressed their interest in expanding their membership base. These alliances intend to include non-health organisations; professional associations (such as those of nurses); media; patient support groups; academic institutions;

organisations focusing on child health or on specific diseases like sickle cell anaemia, tuberculosis, HIV/AIDS; those focusing on NCD risk factors like air pollution; and those working with vulnerable groups like women and youth.

Involvement of youth and people living with NCDs

An overwhelming majority of alliances involved youth (89%) and PLWNCDs (85%) in their work. This trend is aligned with the increasing focus on including the voices of these groups in the global NCD discourse and related civil society mobilisation, as with the NCDA's Our Views, Our Voices initiative.

Funding of alliances

Member contributions were the most reported source of funding (70%) for alliances across income groups. Half the alliances received funding from international donors and over one third from philanthropies, followed closely by international NGOs (30%) and private sector funding (20%). Only 10% of the alliances received government funding, with a higher proportion in UMICs and HICs. In-kind contributions and donations from well-wishers were the other sources of funding for the alliances.

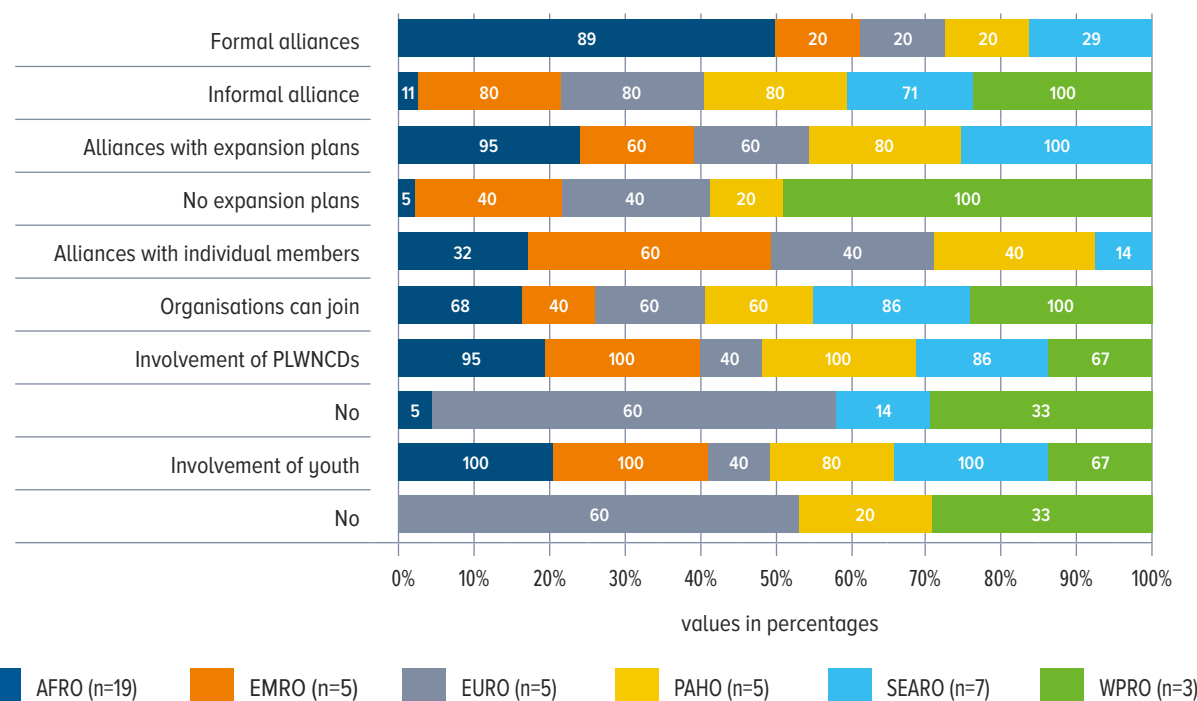


Figure 3. Membership characteristics by region

List of 65 regional and national NCD alliances

REGIONAL

AFRICA

1. Consortium for NCDs Prevention & Control in sub-Saharan Africa (CNCD-Africa)

2. Africa NCDs Network

ASIA PACIFIC

3. The Asia-Pacific Cities Alliance for Tobacco Control and NCDs Prevention (AP-CAT)

CARIBBEAN

4. Healthy Caribbean Coalition (HCC)

EAST AFRICA

5. East Africa NCD Alliance

EASTERN MEDITERRANEAN

6. EMRO Regional Alliance

EUROPE

7. European Chronic Disease Alliance (ECDA)

LATIN AMERICA

8. Healthy Latin American Coalition, (Coalición Latinoamérica Saludable, CLAS)

12. Colombia

Mesa Nacional por las Enfermedades Crónicas No Transmisibles (MECIEC)

13. Denmark

Danish NCD Alliance

14. Egypt

Egyptian NCD Alliance

15. Ethiopia

Consortium on NCD Ethiopian Associations

16. Finland

Finnish NCD Alliance

17. Germany

German NCD Alliance (DANK)

18. Ghana

Ghana NCD Alliance

19. India

Healthy India Alliance

20. Indonesia

NCD Alliance Indonesia

21. Iran

Iran NCD Alliance

22. Ivory Coast

Coalition MNT-Côte d'Ivoire

23. Japan

Japan NCD Alliance

24. Jordan

Jordan NCD Alliance (JNCDA)

25. Kenya

NCD Alliance Kenya (NCDAK)

26. Malawi

Malawi NCD Alliance

27. Malaysia

Malaysian NCD Alliance

28. Maldives

Maldives NCD Alliance

29. Mexico

Coalición México Salud-Hable (Mexico Salud-Hable Coalition)

30. Mozambique

Mozambican NCD Alliance (Aliança moçambicana de luta contra doenças não transmissíveis)

31. Myanmar

Myanmar NCD Alliance

32. Nepal

NCD Alliance-Nepal

33. Niger

Coalition contre les MNT au Niger

34. Nigeria

Nigerian NCD Alliance

35. Norway

Norwegian NCD Alliance

36. Pakistan

Pakistan NCD Alliance

37. Peru

National NCD Alliance of Peru (COLAT)

38. Philippines

Healthy Philippines Alliance

39. Rwanda

Rwanda NCD Alliance

40. Saudi Arabia

Saudi Noncommunicable Disease Alliance

41. Scotland

ScotHealth2021 Coalition

42. Slovenia

Slovenian NCA Alliance

43. South Africa

South Africa Alliance (SANCDA)

44. Sri Lanka

NCD Alliance Sri Lanka

45. Sweden

Svenska NCD-nätverket

46. Thailand

Thai NCD Alliance (TNCDAA)

47. Trinidad and Tobago

Trinidad and Tobago NCD Alliance

48. Togo

Coalition des ONG et Associations contre les Maladies Non Transmissibles au Togo (COALITION MNT TOGO)

49. Uganda

Uganda NCD Alliance (UNCDA)

50. United Kingdom

Richmond Group

51. United Kingdom

UK Working Group on NCDs

52. United Republic of Tanzania

Tanzania NCD Alliance (TANCDA)

53. USA

NCD Roundtable (NCDRT)

54. Uruguay

Alianza ENT Uruguay (National Alliance for the Control of NCDs)

55. Vietnam

Vietnam Noncommunicable Diseases Prevention and Control Alliance (NCDS-VN)

56. Zambia

Zambia NCD Alliance

57. Zanzibar

Zanzibar National NCD Alliance (Z-NCDA)

Map of NCD alliances

65 Regional and national NCD alliances

Regional NCD alliances

- **African Region**
Consortium for NCD Prevention & Control in sub-Saharan Africa (CNCD-Africa)
Africa NCDs Network
- **East Africa NCD Alliance**
- **Eastern Mediterranean Region**
- **EMRO Regional Alliance**
(Egypt, Jordan, the Kingdom of Saudi Arabia and the United Arab Emirates)
- **European Region**
European Chronic Disease Alliance (ECDA)
- **The Americas**
- **Latin America**
Healthy Latin American Coalition, Coalición Latinoamericana Saludable (CLAS)
- **Caribbean**
Healthy Caribbean Coalition (HCC)
- **Western Pacific Region**
- **Asia Pacific NCD Alliance**
(Cambodia, Bangladesh, India, Indonesia, Lao Pdr, Malaysia, Myanmar, Nepal, Philippines, Singapore, Timor Leste, Vietnam)



III. Programmatic focus of NCD alliances

The main areas that alliances focus on, as well as their approach to NCD challenges, activities operationalising the approaches, achievements in the last three years, and capacity needs, are highlighted below.

KEY MESSAGES

Nearly all alliances address NCD prevention. Health care issues are also a focus, but to a lesser extent.

Approximately half of NCD alliances work on mental health and a third work on air pollution, denoting the recent expansion of the NCD agenda to a 5x5 approach (five main diseases and 5 main risk factors).

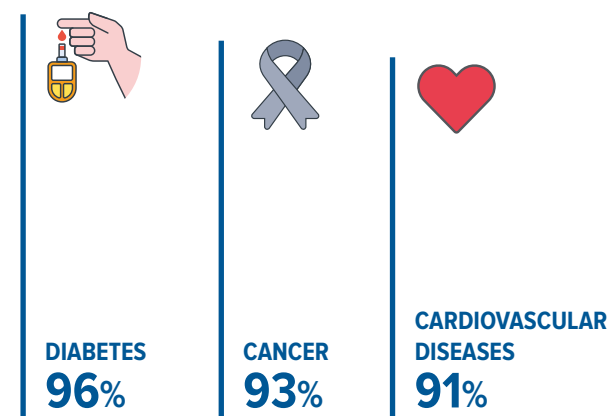
Alliances' top achievements towards bridging the gap in meeting NCD targets and commitments were the formation of alliances and mobilisation of civil society, increased governmental interest in NCDs and greater involvement of PLWNCDs and youth.

Alliances' top capacity development needs vary by region, from coalition building and resource mobilisation support for AFRO, to organisational governance and strategic planning for EURO, managing conflict of interest for PAHO, communication skills for SEARO, and accountability tools for WPRO.

NCD focus areas

As Figure 4 indicates, diabetes (96%), cancer (93%) and cardiovascular diseases (91%) are among the top three NCDs focused on by the alliances. Food and nutrition (93%), tobacco (89%) and physical activity (83%) were the top three risk factors that alliances focus on. Fewer alliances focused on related public health concerns such as urban health, reproductive health, NCDs and HIV/AIDs and/or tuberculosis, and rare diseases.

DISEASES



RISK FACTORS

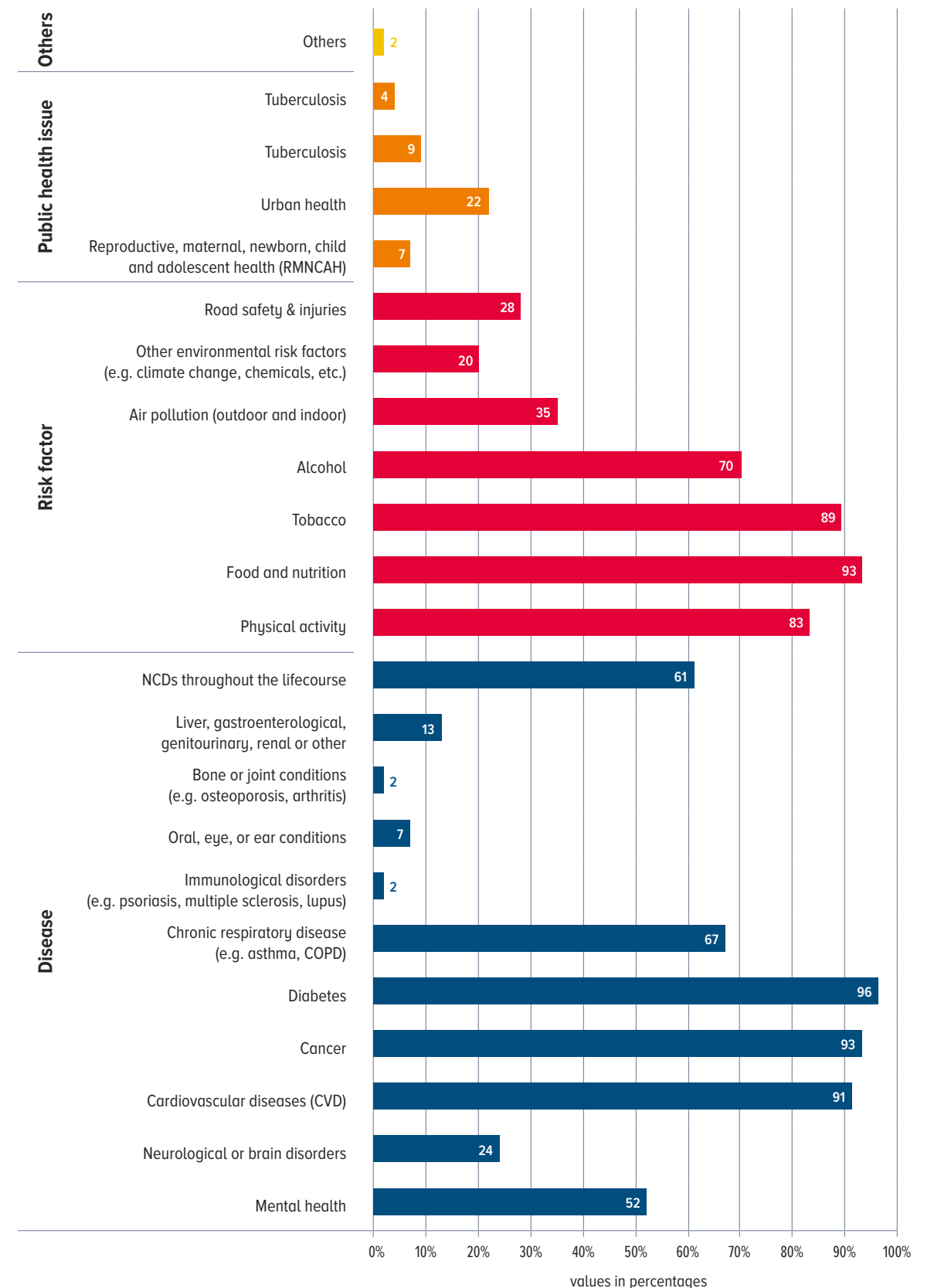
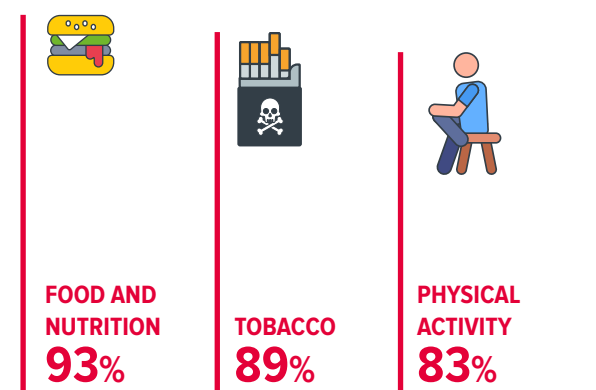


Figure 4. Civil society focus within the NCD agenda

Key issues addressed by NCD alliances

The alliances reported a range of approaches in their NCD response, as shown in Figure 5. Irrespective of country income status, all but one alliance engaged in NCD prevention by addressing risk factors (98%). A substantial proportion of alliances focused on awareness raising (85%), mobilising civil society response (76%), meaningful involvement of people living with NCDs (70%), accountability for NCDs (67%), and health systems strengthening (61%). Addressing NCDs in humanitarian settings received the least mention (11%).

More alliances from LICs and LMICs focused on NCD concerns pertaining to patient care (treatment and care, rehabilitation and palliative care, health systems strengthening), while more of those from UMICs and HICs reported working on NCDs in humanitarian settings and accountability for NCDs.

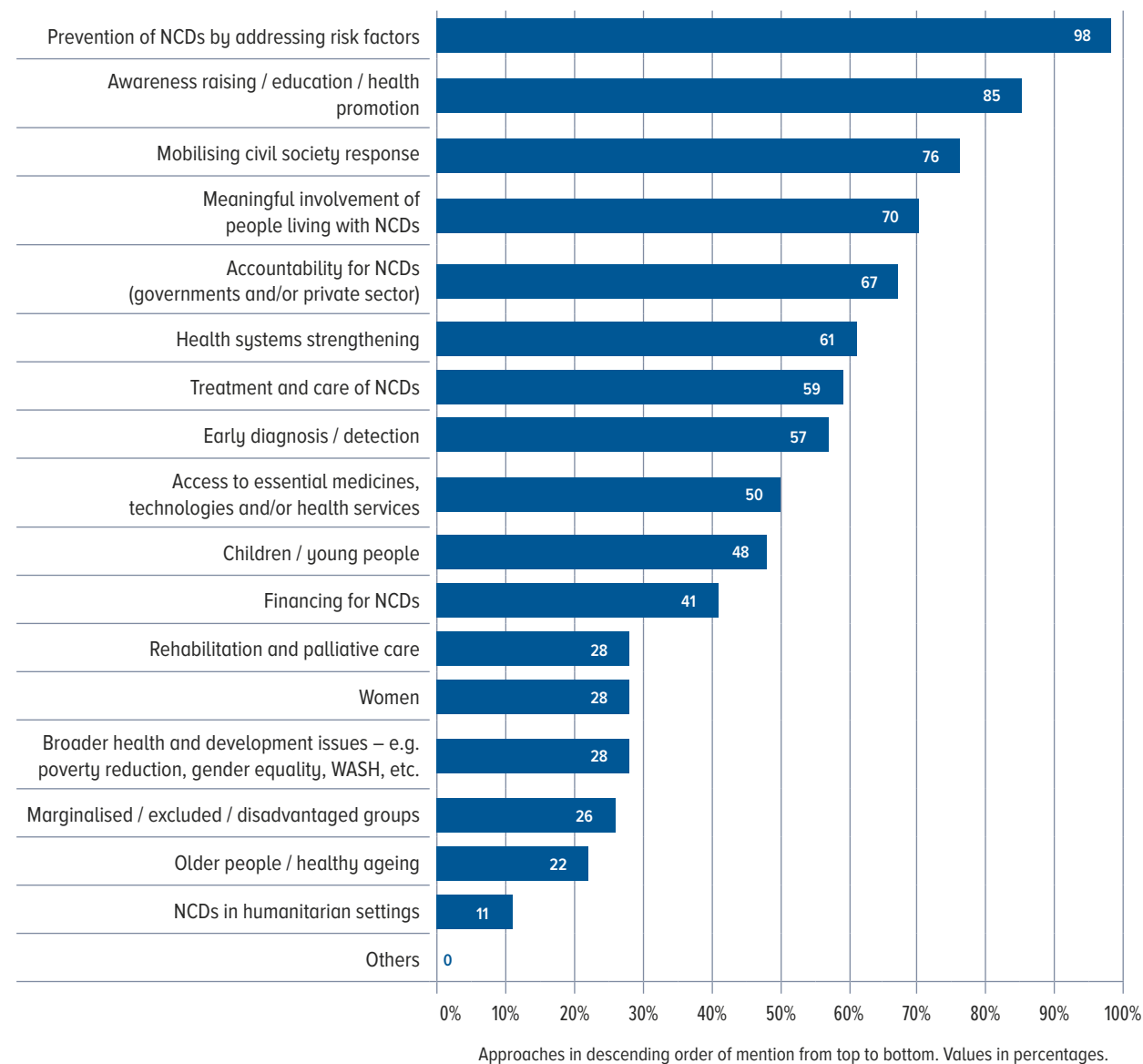


Figure 5. Approaches to NCDs

Activities of alliances

Coordinating civil society action emerged as the top activity identified by most alliances, followed by direct policy advocacy at local/national level and health promotion, public education, and awareness on NCDs/risk factors. NCD-related research and knowledge generation, capacity building of CSOs, media outreach, advocacy with regional institutions, and care and support services for PLWNCDs were mentioned as the top activity for very few alliances. Notably, influencing or participating in official NCD mechanisms or monitoring NCD commitments made by governments were not a top priority activity for any alliance.

WPRO alliances limited their top priority activities to civil society coordination and policy advocacy, and only alliances from EMRO indicated care and support services for PLWNCDs as a top priority, although alliances across regions reported their involvement of PLWNCDs in the NCD response.

Achievements

NCD alliances were asked to identify their top three achievements in the past two to three years that have helped bridge the gap in meeting national, regional and global targets and commitments relating to NCD prevention and control, with results shown in Table 1.

The table shows the three most mentioned responses for each of their first, second and third top achievements. Clearly, the alliances' top achievement was the formation of the alliance, followed by civil society organisations mobilised for joint action, and the increased interest among policy makers to act on NCDs. It is also important to highlight that for some alliances, achievements include government agencies adopting new NCD policies, and enhanced public involvement in NCD issues, including by PLWNCDs and youth. This last point aligns with the whole-of-society approach promoted by the international commitments adopted at the UN HLMs on NCDs (2011, 2014 and 2018), enhancing the meaningful involvement of PLWNCDs and youth.

Capacity needs

Coalition building, communication and social media skills are the foremost capacity needs of alliances (76%), followed closely by strategic planning (74%), multi-sectoral engagement and partnerships (74%), and greater capacity for resource mobilisation (72%). These reflect needs that are mostly associated with the movement-building phase of an alliance. These were followed by monitoring and accountability skills (67%) and advocacy and campaign skills (63%). The need for organisational governance and technical information on treatment and care for NCDs were reported to a lesser extent.

	Top achievement	Top 2 achievement	Top 3 achievement
Most mentioned	Formation of the NCD alliance itself	Civil society organisations mobilised for joint action	Increased interest among policy makers to act on NCDs
2nd most mentioned	Civil society organisations mobilised for joint action	Increased interest among policy makers to act on NCDs	Civil society organisations mobilised for joint action
3rd most mentioned	Increased interest among policy makers to act on NCDs	Enhanced public involvement in NCD issues (including PLWNCDs and youth)	Enhanced public involvement in NCD issues (including PLWNCDs and youth) <i>and</i> Increased involvement of PLWNCDs in NCD prevention and control <i>and</i> Government agencies adopting new NCD policies, programmes, regulations, laws

Table 1. Top achievements by NCD alliances in the past 2-3 years

Figure 6 indicates significant regional variations among the top three capacity needs of alliances. While alliances from the AFRO region expressed needs pertaining to coalition building, resource mobilisation and communication skills, over 60% of the EURO alliances are keen on building organisational governance, strategic planning and policy research capacity. All alliances from SEARO seek coalition building support, and communication and strategy planning skills. Sharing the latter interests, EMRO alliances also have the need for skills pertaining to advocacy and multi-sectoral engagement.

Over 80% of PAHO alliances call for skills to identify and manage conflicts of interest and counter industry interference, and for NCD monitoring and accountability tools, a need which was shared by all alliances from the WPRO region.

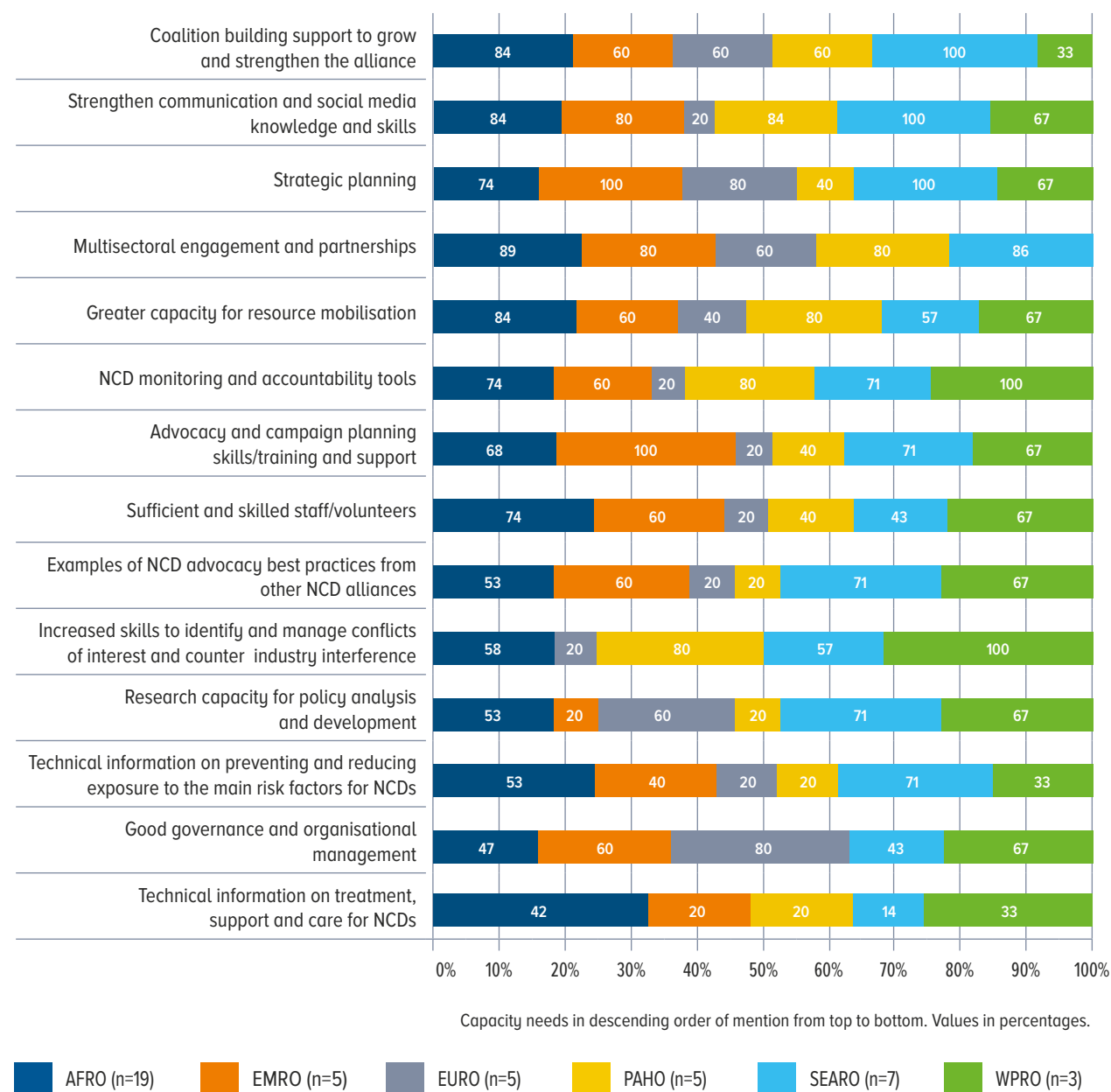


Figure 6. Capacity needs

IV. Perspectives of national and regional NCD alliances on enablers and challenges to Bridge the Gap on NCD action

A. Building demand through transformative social movements and voices of change

KEY MESSAGES

Approximately one third of alliances consider civil society to be meaningfully involved in government decision making, and only one eighth of alliances consider PLWNCDs to be engaged in decision-making.

Most national and regional NCD alliances do not consider civil society to be well-equipped to get involved in government decision making processes.

Looking towards 2025 and 2030, alliances' top priority areas for civil society action to help bridge the gaps on NCD policies, programmes and laws are advocacy for NCD policies, resource mobilisation and creating community awareness.

Financial constraints, absence of mechanisms for involvement in government decision making, and lack of a coordinated civil society response topped the challenges to civil society action.

NCD alliances consider more financial resources, increased government-CSO engagement, and a coordinated CSO response to be top enablers that could enhance their work.

Alliances consider government actors, CSOs and donors to be among the key stakeholders who can help scale up the NCD response across levels.

A strong and vibrant civil society is an essential component of an effective NCD response. However, the international community and governments have been slow to recognise and meaningfully involve CSOs. Community engagement is identified in the NCDAs' background brief '*Bridging the Gaps on NCDs*' as a long-standing gap for the NCD response.

This section explores the involvement of civil society in the NCD response, their priorities in meeting the 2025 and 2030 targets, and the challenges in bridging the gap on NCD action.

Civil society engagement in the NCD response

The survey asked about the nature of involvement of CSOs as partners in the NCD response following the call of the three UN HLMs on NCDs for a whole-of-society approach (Figure 7). Over two thirds of national and regional NCD alliances thought that, after the UN HLMs, civil society has been better recognised and involved as a meaningful partner in the national and regional NCD response.

However, data from the latest WHO Country Capacity Survey⁵ on NCDs indicates that less than half of countries have a multi-sectoral commission on NCDs in operation, and it is notable that 30% of these do not include civil society. Hence, NCD civil society recognition does not seem to translate into their involvement in policy decisions, as only about one third of NCD alliances consider civil society to be meaningfully involved in government decision making on NCDs. Few alliances considered non-health stakeholders (civil society, private

⁵ WHO NCD Country Capacity Survey. 2019. Available at: <https://www.who.int/ncds/surveillance/ncd-capacity/en/>

sector and government agencies) to be interested, active or having sufficient resources to promote NCD action. Still fewer considered PLWNCDs to be meaningfully involved in government decision making on NCDs. Over half the alliances didn't believe that civil society is well-equipped to support shaping national policies, pointing to the need for specific action in this regard.

Civil society priorities for action

Looking ahead at the milestone years of 2025 and 2030, NCD alliances reflected on their top priorities for action to help bridge the gap in NCD policies, programmes and

laws in their country/region. Figure 8 captures the breadth of priority actions mentioned by the alliances. They are grouped across four broad themes: those internal to the alliance, those requiring external engagement, system-related actions and those pertaining to specific NCD issues.

The top-most priorities of NCD alliances are advocacy for NCD policies (external) and ensuring sufficient resources for the alliance (internal). There were a few isolated mentions of membership expansion, NCD policy development and implementation, and strengthening alliance governance.

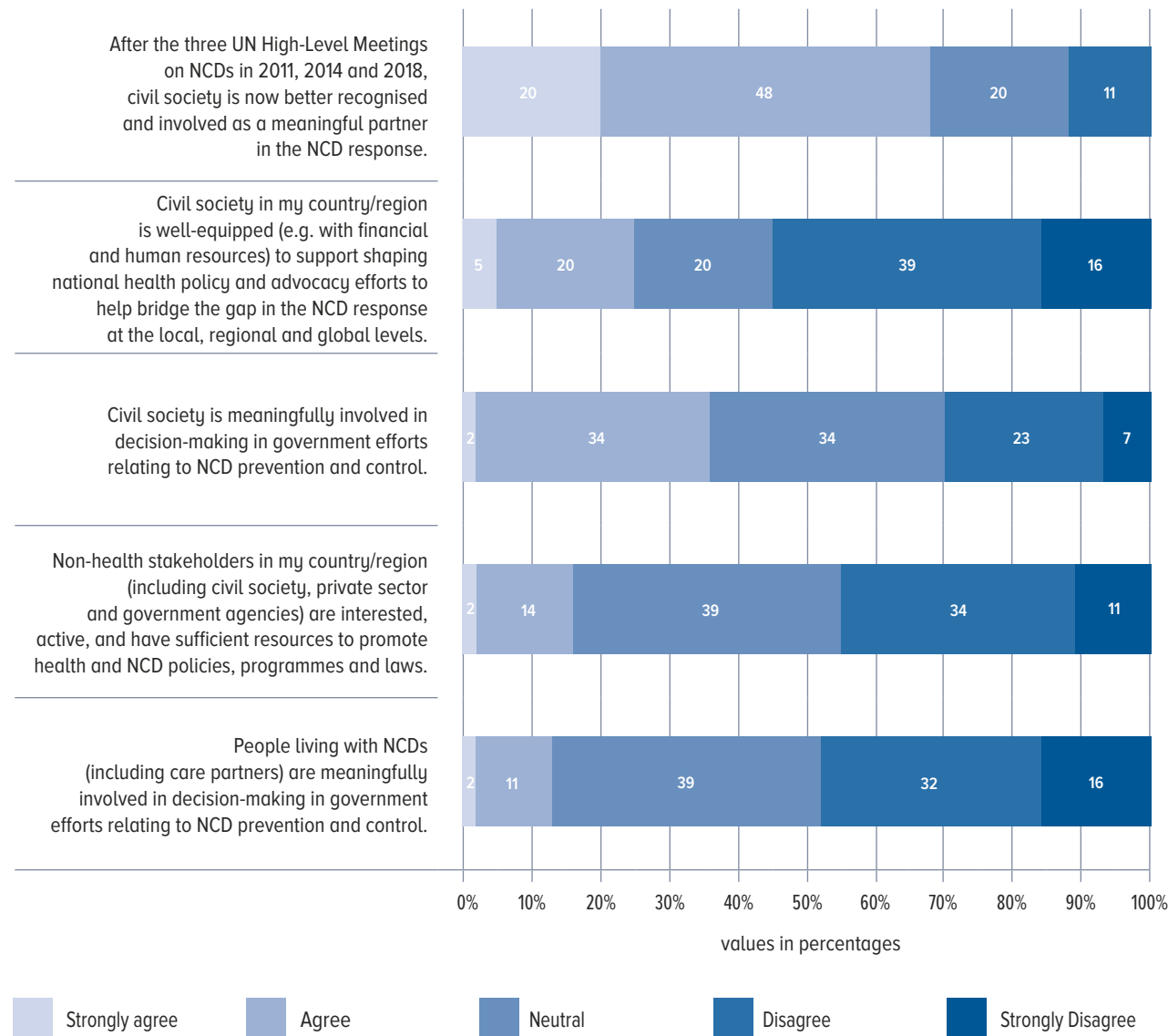


Figure 7. Civil society in the NCD response



Fig 8. Priority areas for action

Challenges to the civil society response

NCD alliances mentioned financial constraints, lack of or insufficient mechanisms for civil society engagement in decision making processes, and lack of a coordinated civil society response as the top three challenges to the civil society NCD response. Low engagement of non-health CSOs was not perceived as a top challenge for any alliance, despite only about one third having them in their fold.

More LIC and LMIC alliances identified financial constraints and lack of a coordinated response as their top challenge; whereas more HICs considered insufficient mechanisms for CSO engagement in government decision making as their top challenge.

Enablers for civil society action

NCD alliances were asked to identify the top three factors that could maximise their response and potentially enable them to contribute to bridging the gap on NCD action in their countries and regions.

Responses indicated an overwhelming reference to resource mobilisation as the primary enabler for enhancing civil society action. The anticipation was primarily from national and international grants and taxation of unhealthy commodities to pay for core staffing and basic coordination functions. Actions that facilitate increased engagement with the government also figured prominently among the enablers. To this end, several alliances sought space and mechanisms for civil society involvement, such as through national multi-sectoral coordination mechanisms, government decision making bodies, and government-civil society partnerships. Coordination within alliances and capacity development in advocacy and fundraising were also recommended as priority solutions.

Countering industry interference and strategies for involving key stakeholders, such as PLWNCDs and non-health NGOs, figured prominently among the additional solutions to accelerate the civil society response.

Key stakeholders for the NCD response

NCD alliances noted a range of stakeholders who are critical to scaling up the NCD response at local, national, regional and/or global levels, including civil society, government, private sector and international organisations/agencies. From the health sector, alliances identified Ministers of Health, government NCD focal points, PLWNCDs, health professional societies, patient organisations, and community health practitioners as key stakeholders. From non-health sectors, alliances identified local governments, parliamentarians, other government ministries (Finance, Communication, Trade, Agriculture, etc), youth groups, lawyers, consumer societies, and cultural/religious leaders, as key stakeholders. Alliances also mentioned pharmaceutical and telecommunication industries as key private sector stakeholders.

Alliances further identified several regional and international organisations and funding agencies, such as the African Union, South African Development Community, East African Community, UN and its agencies (WHO, UNDP, USAID), NCDA, and the Danish Civil Society in Development Fund (CISU) as key stakeholders to engage in the NCD response.

B. Saving lives through transformative policies and solutions

After the first UN HLM on NCDs in 2011, and thanks to decades of research, policy development and country experience, the recipe for success in NCD prevention and control has been tried-and-tested. WHO 'best buys' and cost effective interventions that are proven and affordable are available. Governments know what needs to be done; they know which policies will make a difference to the lives of PLWNCDs and those at risk of NCDs. And they know that, done well, implementing these 'best buys' and cost effective interventions will save money as well as lives. Therefore, it is important to assess what has been done and what more needs to be done, identifying the enablers, challenges and barriers impeding greater action.

This section explores the perspective of national and regional NCD alliances on the governmental response to NCDs at the national and regional levels. It further seeks to identify alliances' advocacy priorities to help governments meet the 2025 and 2030 commitments, and the interventions they think could make the biggest difference in this regard. The section also identifies upcoming opportunities for NCD policy wins in their countries and regions and the untapped opportunities for governments to scale up action and funding for NCDs.

KEY MESSAGES

Only one fifth of NCD alliances believe their country is on track to meet the 2025 or 2030 targets.

According to NCD alliances, lack of political leadership and will, financial constraints, lack of government staff/technical capacity, and poor programme implementation pose major challenges for governmental action on NCDs.

Over half of NCD alliances cited competing health priorities and influence of unhealthy commodity industries as reasons for low government prioritisation of NCDs.

Over half of the alliances don't believe that NCDs are integrated into other health programmes, like those for tuberculosis, or addressed in UHC.

Demonstrating effective interventions, ensuring sustainable financing, increasing governments' technical capacity, and integrating NCD prevention and control into UHC national benefit packages were identified as priority advocacy agenda actions to meet global NCD targets.

Alliances identified taxation of unhealthy commodities as the top priority intervention to reduce the national NCD burden, followed by WHO best buy interventions on cardiovascular diseases and diabetes.

Election cycles, supportive policy makers, early policy successes, position on government committees, development of programme strategies, and systemic reforms are perceived as windows of opportunity for NCD policy wins in countries.

Taxation of unhealthy commodities, integration of NCDs in existing health programmes, and civil society engagement are identified as untapped opportunities for governments to scale up action and funding for NCDs.

Challenges for government action

National and regional NCD alliances reported a range of challenges limiting their governments or regions from bridging the gap in the NCD response. Lack of political leadership was reported as the biggest challenge, more so by alliances from LMICs and HICs. This has precipitated policy inertia between political commitments and policy action in some regions and countries, or has limited success to certain “policy pockets”, or recommended policies with broad acceptability. Insufficient financial resources (reported more by LICs) and inadequate staff technical capacity, and poor implementation of programme/policies (reported by all but HICs), were the second and third most mentioned challenges for governmental action.

Few alliances mentioned lack of an enabling environment for civil society action, low governmental prioritisation of NCDs, or low integration of NCDs with other health programmes. Interestingly, even if presented as options in the survey, none of the alliances indicated insufficient NCD evidence, inadequate civil society advocacy and monitoring, challenges from trade agreements, weak policy and regulatory framework, or insufficient accountability mechanisms as top challenges for governmental action.

As Figure 9 shows, the lack of political will was a major obstacle for governmental response to NCDs across regions, more so for alliances from EURO (80%) than any other region. In NCDA’s background brief ‘*Bridging the Gaps on NCDs*’, leadership is noted as a key gap and focus area to fast-track future action within the framework of sustainable development.

Some alliances from PAHO and SEARO also mentioned that their work was hampered by difficult political situations. Alliances from SEARO reported the lack of an enabling environment for civil society action and low integration of NCDs in other health programmes.

Alliances from EMRO and PAHO mentioned interference by industry with conflicting interests as a top challenge to governmental response. This relates to PAHO alliances demanding greater capacity to face industry interference in NCD policy making, though this was not reflected among the EMRO alliances.

Several African alliances pointed to the continued funding focus on HIV/AIDS, tuberculosis and malaria and the relatively low visibility of NCD complications as delaying the political response. In fact, alliances from AFRO alone identified insufficient financing from domestic and international sources and limited government capacity as top challenges for governmental action.

Reasons for low prioritisation of NCDs

When asked about the reasons for a low government prioritisation of NCDs, responses varied across NCD alliances and by their country income. Over half of the alliances (57%) considered the perceived importance of other health issues to overshadow NCDs, further constrained by the limited health budget. The influence of unhealthy commodity industries over the government was also cited as a deterrent by half the alliances. This is reflected in NCDA’s background brief ‘*Bridging the Gap on NCDs*’, which highlights that their undue influence and vested interests are well-known challenges for NCD prevention policies and key elements of the leadership gap in the NCD response. 40% of alliances felt that the relatively high importance accorded to non-health issues, and the low political attractiveness of NCDs and their perception as individual-driven and therefore beyond government control, have led to low prioritisation of NCDs.

As Figure 10 indicates, more alliances from LICs attributed the low government prioritisation of NCDs to the relative importance of other health issues or the complex nature of NCDs. On the other hand, more of those from the upper income brackets cited industry interference and the perception of NCDs as relating to the individual as reasons for low prioritisation. For example, an HIC alliance pointed to the country’s powerful sugar lobby that also makes political donations. Half the alliances from HICs and over two thirds from UMICs reported their governments to be more likely to adopt measures to influence individual behaviour rather than to create enabling policy environments to address NCD risk factors. Two alliances from HICs perceived their governments as being inclined to focus more on NCD treatment.

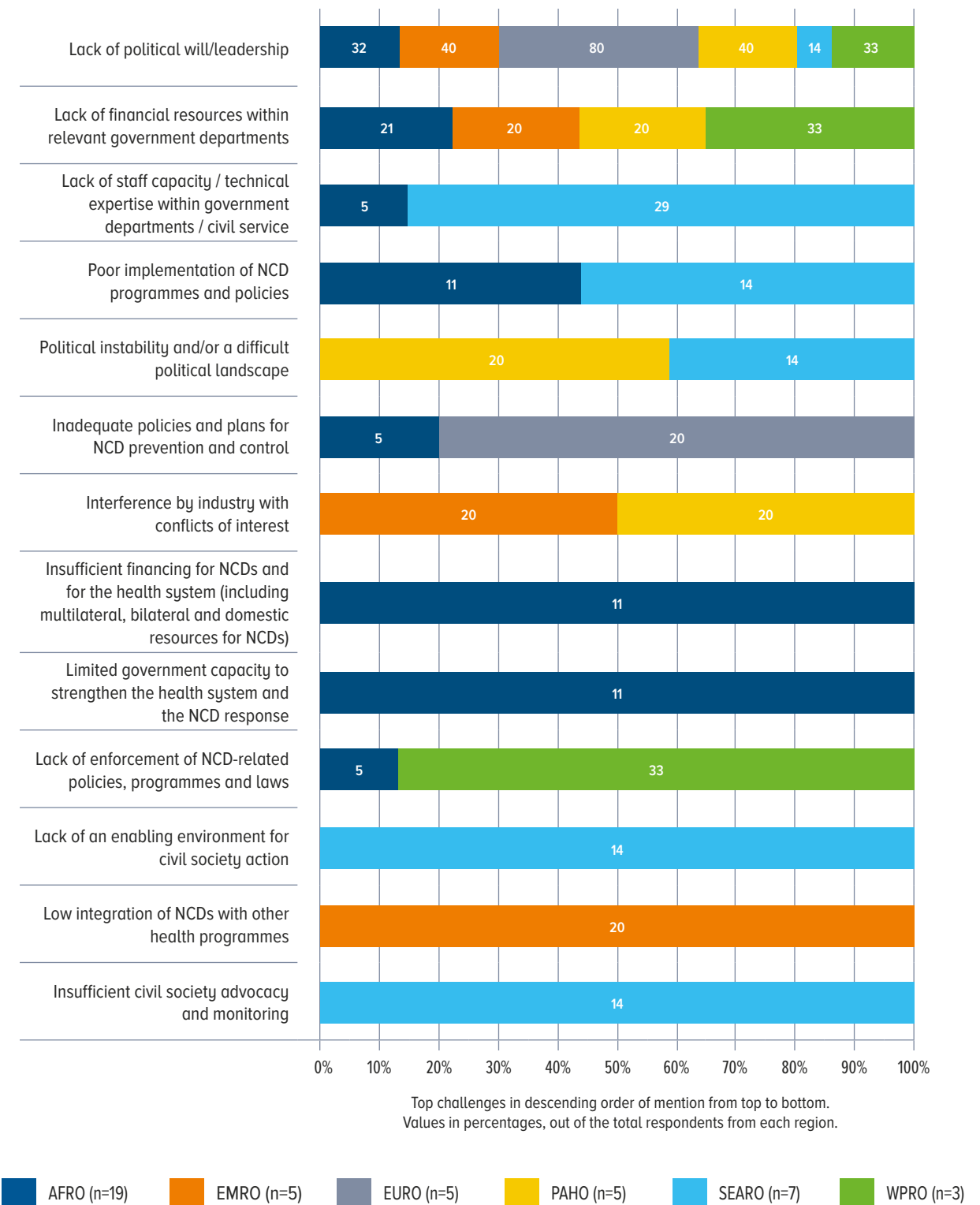


Figure 9. Top challenges for governments by region

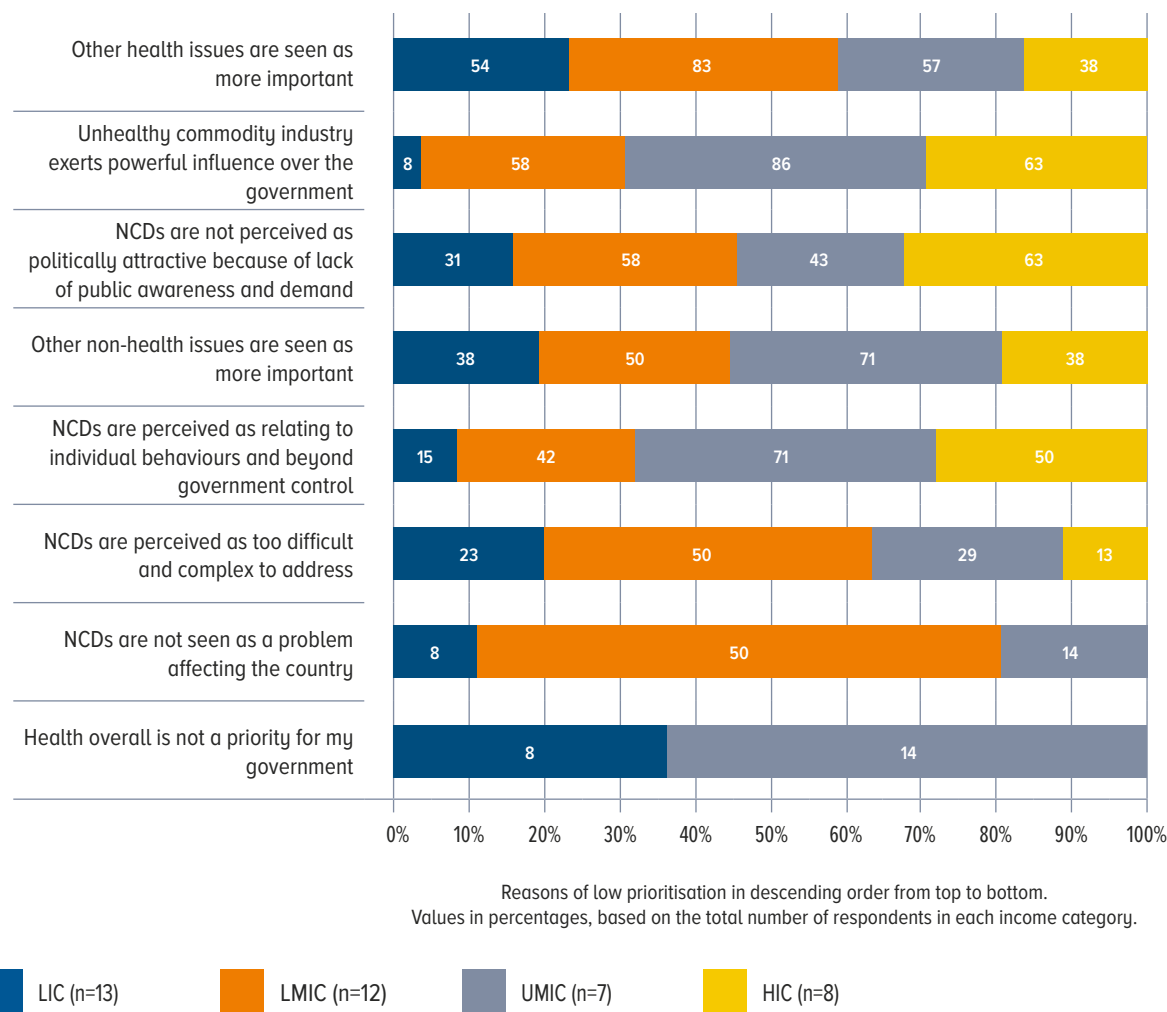


Figure 10. Reasons for low governmental prioritisation of NCDs by income

Government action on NCDs

National and regional NCD alliances were asked about their degree of agreement with various aspects related to the governmental NCD response since the 2011, 2014 and 2018 UN HLMs on NCDs.

Four out of ten alliances don't believe their country has adopted effective policies to address NCDs in the last five years, or that NCDs have been integrated into other health programmes. This perspective was more evident among HIC alliances. Notably, more alliances from LICs

do think their countries have effectively integrated NCDs into existing health programmes, in comparison to other income groups. This result stands out, as in Figure 10 it can be seen that half of the LIC alliances believe that NCDs not being seen as a problem is responsible for the low government prioritisation of them, and eight out of ten think that other health issues are more important to the government.

As Figure 11 shows, most alliances dissented when asked if their countries are on track to meet the 2025 and 2030 NCD targets. This is in line with available data from the NCD Countdown 2030⁶, which shows that only 15-18% of countries, most of them high-income, will be able to fulfil SDG target 3.4 (aiming to reduce premature death between 30-70 years from the major NCDs). Half of the countries in the world are far off-track and will not be able to fulfil this target at the current rate of progress.

Analysis by region suggests that relatively more alliances from AFRO think favourably about their country's adoption of effective NCD policies and being on track to meet the targets. The trend is reversed among alliances from EMRO, PAHO, SEARO and WPRO, with views either remaining neutral or disagreeing with these assertions.

In terms of the national response, more alliances agreed or strongly agreed (44%) that progress has been made on NCDs at the global level after the three UN HLMs on NCDs. This view prevailed more among alliances from LICs (23%) and LMICs (13%). More than half the alliances agreed that international organisations and institutions should shift their focus and NCD action from global to national/regional levels. This is an interesting statement considering that the next UN HLM on NCDs will take place in 2025, thus representing an opportunity to scale up action at local level.

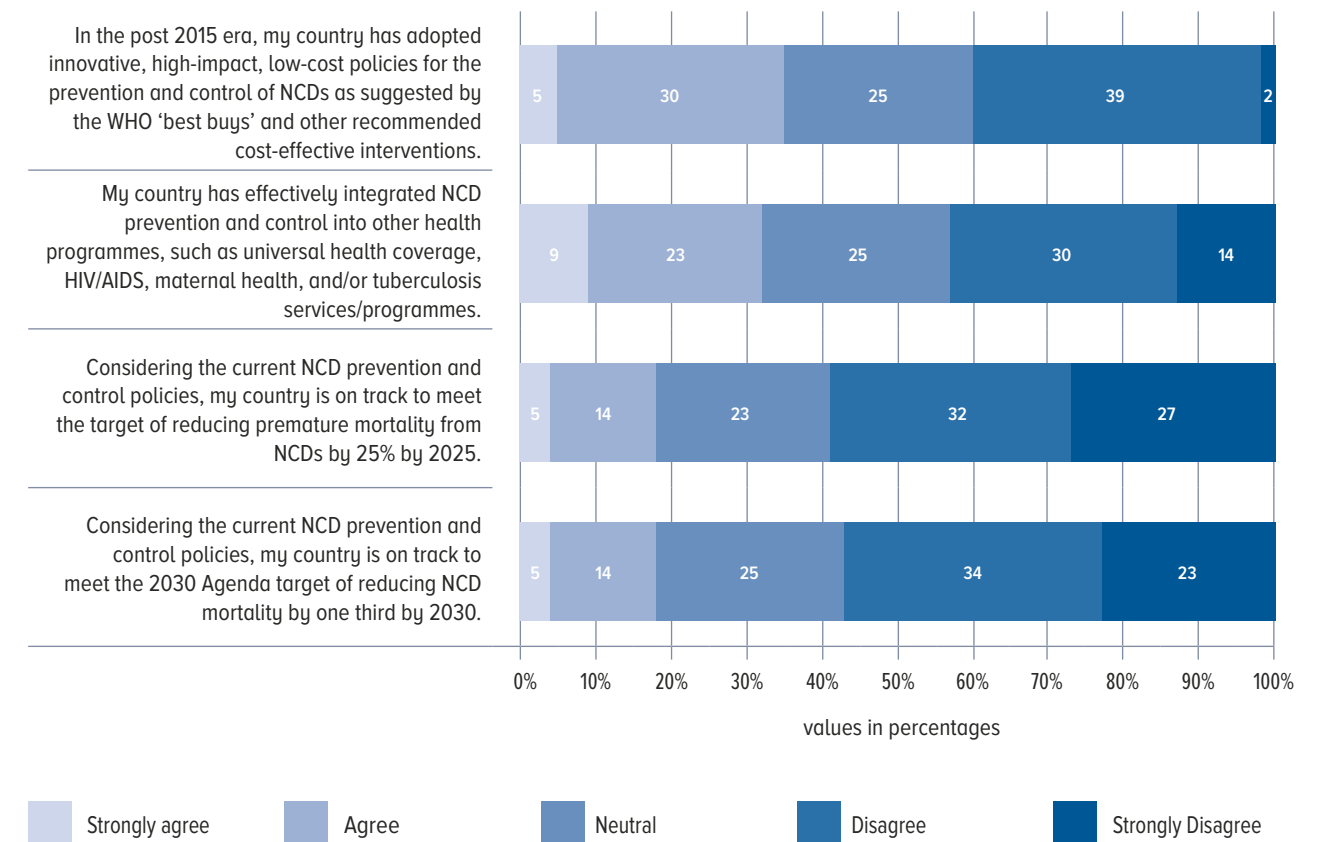


Figure 11. Perception of national response to NCDs

6 NCD Countdown 2030: worldwide trends in non-communicable disease mortality and progress towards Sustainable Development Goal target 3.4. The Lancet. 22 September 2018. Available at: <http://www.nccdcountdown.org/publications.html>

Alliances' advocacy priorities

NCD alliances were asked to rank 10 advocacy priorities for governmental action in the light of the impending 2025 UN HLM on NCDs and the 2030 targets. Table 2 presents the results of these priorities, in order of importance as ranked by the alliances. As the number one priority, NCD alliances identified the need to analyse and illustrate effective interventions to meet the global NCD targets, followed by the need to increase sustainable resources and financing for NCDs. As their third priority, alliances identified the need for increased technical capacity within governments for scaled up, integrated and coherent action, as well as the need for integrating NCD prevention and treatment into national UHC packages.

These results are useful to develop advocacy campaign priorities for the upcoming years, and particularly for 2025 and 2030. The NCDA has used rankings like this one to identify its global campaign priorities for the 2018 UN HLM on NCDs⁷ and the 2019 UN HLM on UHC⁸.

The results of this ranking exercise could vary from region to region and from country to country. Hence, it is important to consider the context, policy environment and perspectives of civil society when defining campaign priorities.

PRIORITY 1	Analyse and illustrate how to close the gap to meet the 2025 and 2030 global targets by implementing national NCD plans, adopting WHO best buys and other recommended cost-effective interventions for the prevention and control of NCDs, and setting national targets.
PRIORITY 2	Increase financing for health and NCDs, ensuring sustainability of resources (including international and domestic resources).
PRIORITY 3	Increase technical capacity / expertise within governments to scale up action on NCD prevention and control, ensuring policy coherence and a 'health-in-all-policies' approach. Ensure that NCD prevention and treatment is integrated into national UHC packages, avoiding catastrophic health expenditure, addressing multi-morbidities and ensuring a life-course approach.
PRIORITY 4	Ensure meaningful involvement of civil society organisations in decision making (from design to implementation to evaluation). Ensure sufficient accountability and monitoring mechanisms to ensure governments comply with NCD prevention and control commitments. Establish mechanisms to manage conflicts of interest in policy making and counter industry interference.
PRIORITY 5	Promote the meaningful involvement of people living with NCDs and other diseases/conditions and their care partners, marginalised populations, young people, women, and indigenous peoples. Improve access to affordable, safe, quality medicines, treatments, technologies and services.
PRIORITY 6	Ensure a well-trained, supported, and resourced health workforce that is better equipped to deliver integrated health services.

Table 2. NCD alliances' advocacy priorities to help meet the 2025 and 2030 targets

Effective NCD interventions

NCD alliances were asked about the WHO best buys and other cost-effective interventions that would make the biggest difference in reducing the NCD burden in their countries.

Overall, interventions addressing NCD risk factors were the most mentioned. Among the risk factors, tobacco and unhealthy food were mentioned most often. Taxation of unhealthy commodities, including alcohol, tobacco and sugar sweetened beverages, was considered the most effective policy intervention in reducing the NCD burden. Risk factor interventions were framed as those helping to implement the WHO best buys and specific global strategies, such as on physical activity, diet and alcohol marketing.

Apart from the risk factors, alliances also recommended adopting the best buy interventions for cardiovascular diseases and diabetes, the WHO PEN model, and cervical cancer vaccination. Systemic interventions including institutional and financial support to CSOs, capacity development for screening, training and management of NCDs, and strengthening prevention were considered important by only a few alliances.

Opportunities for policy wins

Table 3 summarises the various windows of opportunity that alliances identified to advance action on NCDs in their countries/regions.

Untapped opportunities for governmental upscaling

Apart from identifying opportunities to advance their own work, national and regional NCD alliances also indicated key opportunities that their governments are yet to explore in scaling up and resourcing the NCD response. Cutting across regions and country income groups, channelling tax revenue from tobacco, alcohol and unhealthy food and sugar-sweetened beverages, topped the alliances' recommendations for unlocking resources for NCD action. Notably, a large number of alliances had also indicated taxation as a top measure to reduce the NCD burden.

In terms of financing for NCDs, alliances suggest increasing resources for NCDs through the government's annual budget, as well as trying to engage local and international donors, including through increased international development aid to NCDs. An opportunity in this regard was the launch in late 2019 of the Norwegian government's commitment to a first-ever international development strategy to combat NCDs in LICs, with a dedicated investment of 200 million Norwegian Krone (US \$21.9 million).

Alliances noted a broad range of opportunities that would help governments scale up their efforts.

The Bangladesh Network for NCD Control and Prevention suggested how the country's existing health development surcharge could meet NCD financing needs. While the Zanzibar NCD Alliance saw an opportunity for allocating resources for NCDs in the government's annual budget, the Malawi NCD Alliance considered it important to engage local and international donors. The UK Working Group on NCDs pointed out the need for the country's Department for International Development (DFID) to channel international development aid to NCDs, while the Nigeria NCD Alliance saw an opportunity for integrating NCDs into the country's UHC.

Several of the AFRO alliances, such as those from South Africa, Nigeria and East Africa, pointed to existing programmes like UHC and school health education as vehicles for NCD interventions. Alliances in the Caribbean and Malaysia highlighted that a collaboration between governments and CSOs could bring technical resources, capacity development of government teams, and programme delivery to enhance the governmental response. Alliances from Uruguay, Mozambique and Côte d'Ivoire stressed the need for involving CSOs in decision-making for accelerated NCD action. The latter two also viewed non-health CSOs as untapped entities that could help scale up the NCD response.

⁷ NCD Alliance. Campaign priorities: The 2018 United Nations High-Level Meeting on NCDs. 2018. Available at: <https://ncdalliance.org/resources/ncda-campaign-priorities-2018-un-high-level-meeting-on-ncds>

⁸ NCD Alliance. NCD Alliance Advocacy Priorities: The 2019 United Nations High-Level Meeting on Universal Health Coverage. 2019. Available at: https://ncdalliance.org/resources/NCDA_priorities_HLM_UHC_2019

	OPPORTUNITIES	COUNTRY
Political opportunities	Newly elected young politicians	Indonesia
	Upcoming election cycle	Maldives
	Political commitments at regional level	Caribbean and East Africa
Policy opportunities	Earlier “policy wins” to advance further policy demands	Several countries, particularly in Latin America
	Serving on government committees helps promote the best buys and increased investment in prevention	Several countries, particularly in Latin America
	Leverage progress made by motivated states/territories to drive action in others and at the federal level	Australia
	Mobilising public demand to create opportunities	Slovenia and Zanzibar
	Involvement of young people to push the food industry for healthier foods	Togo
	Key international meetings (e.g. UN Framework Convention on Climate Change Meeting, Glasgow) to frame NCDs in the global climate context	United Kingdom
	National Council on Health meeting and the National Legislative Health Summit for advocacy	Nigeria
	National level congresses and national NCD day events	Ivory Coast
Programmatic opportunities	WHO Stepwise Approach to Surveillance (STEPS) survey data for health system strengthening	Afghanistan
	Government recognition of the paucity of NCD data	
	Governments’ collaborative approach towards civil society and academia to enhance monitoring and evaluation systems	Cameroon
	Health care reforms to advance NCD primary prevention	Latin America
	Dedicated NCD department instils scope for concerted action	Burundi
	Current UHC and national health insurance discussions to pursue the integration of multiple morbidities, including NCDs	South Africa
	Government pursuit of SDGs and the health goal	Egypt and Colombia

Table 3. Opportunities for action

C. Enhancing accountability through transformative and inclusive governance

KEY MESSAGES

Only one third of national and regional NCD alliances are engaged in any NCD accountability activity, including most alliances from PAHO and half of the EURO alliances.

Only a fifth of NCD alliances believe their government has sufficient accountability mechanisms to ensure compliance with NCD commitments.

Only 7% of NCD alliances believe their government has efficient mechanisms to manage conflicts of interest in health policy and NCD policy making processes.

Alliances consider the involvement of civil society in decision making, integration of NCDs in other health programmes, and creating public awareness as top areas for collaboration with the government.

Establishing accountability mechanisms, developing the investment case for NCD action, and scaling up advocacy in the SDG context were mentioned as the top priority areas for increased collaboration with UN agencies.

Accountability is one of the four main activities of civil society organisations, and one that can help achieve greater government action and policy coherence, as well as health systems and policies that are designed to be responsive to the reality of communities and of multiple chronic conditions. Greater accountability mechanisms and initiatives can help bridge the gap on NCD action across the world. The NCDAs’ background brief *‘Bridging the Gaps on NCDs’* recognises accountability as a crucial force for political and programmatic change, and key to tracking progress on NCDs. In this section, partnerships and approaches that present opportunities to improve NCD governance, accountability and action on NCDs are explored.

Civil society accountability activities

Only one third of national and regional NCD alliances (36%) engage in any accountability activity or mechanism to monitor and evaluate progress of NCD policies, programmes and laws in their country and/or region. However, large differences exist across regions.

As Figure 12 indicates, most alliances from PAHO engage in accountability initiatives (80%), along with over half from EURO (60%), and about one-third from WPRO (33%) and AFRO (32%). EMRO (20%) and SEARO (14%) are yet to see significant accountability initiatives by alliances. Accountability initiatives also indicate an income trend, with over half the alliances in HICs engaged, followed by 43% of UMIC alliances, 33% in LMICs and 15% in LICs.

NCD alliances’ accountability activities have included monitoring specific industries or policy areas such as tobacco, alcohol and nutrition initiatives; tracking progress on broader NCD policies and commitments and highlighting them to the government and media; conducting regional NCD benchmarking surveys; developing score cards on government implementation of nutritional policies; shadow reports on WHO best buys; joining government technical advisory committees and raising concerns at government forums to influence policies; and advocating accountability at regional summits attended by Heads of State.

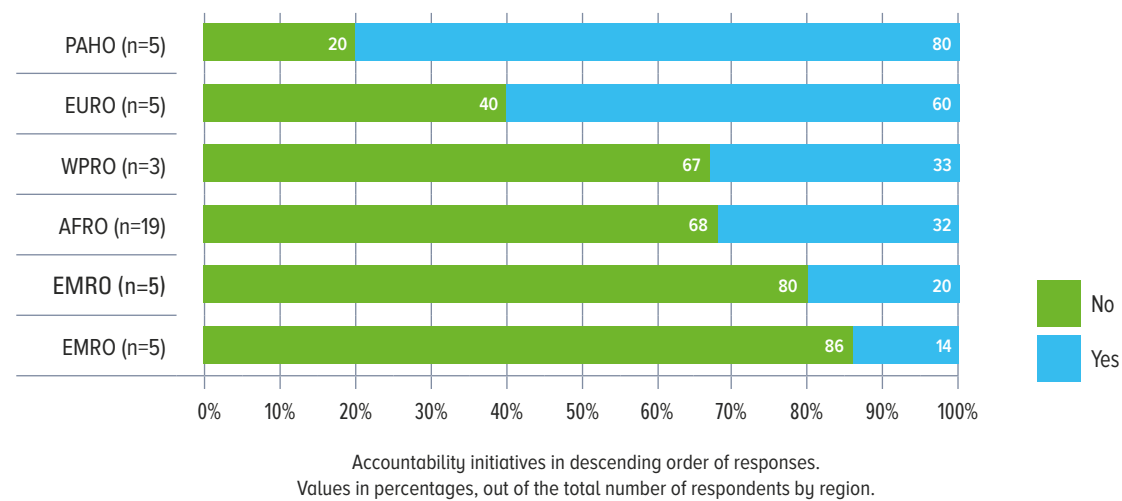


Figure 12. Accountability initiatives by region

Government accountability approaches

As civil society accountability initiatives are emerging, governments have also adopted various approaches to NCD governance that are aimed at enhancing accountability. Figure 13 presents national and regional NCD alliances' views on their government's efforts in this regard.

Overall, there were more alliances that indicated insufficiency in their government's efforts (on transparency, accountability, a rights-based approach, people-centeredness, inclusion, management of conflicts of interest, accessibility to civil society, and monitoring and surveillance) than those who found them to be satisfactory. Almost two thirds of alliances showed acute discontent regarding the mechanisms to manage conflicts of interest in health policy and NCD decision making processes, and more than half of alliances didn't believe their government has sufficient accountability mechanisms to ensure compliance with national, regional and global NCD commitments.

Areas for government-civil society collaboration

NCD alliances were asked to rank different areas where government and civil society could work more effectively together to accelerate action on NCDs. The top area of collaboration identified by alliances was the meaningful involvement of civil society in decision making. The second most mentioned area of collaboration identified was the integration of NCDs into existing development/health programmes, and the third area was increasing public awareness on NCDs.

The top three areas of collaboration were followed by developing the investment case for NCDs, engaging civil society in NCD monitoring mechanisms, developing public health evidence, and promoting civil society advocacy. None of the alliances considered enlisting the involvement of non-health sectors as a key area for joint action between the government and civil society, which might be a lost opportunity when trying to position NCDs in broader development agendas, such as on climate change, gender equality, financing for health, and others.

More alliances in LICs considered increasing NCD awareness as a key area for joint action with the government. More UMIC and HIC alliances considered involvement of civil society in decision making as a top area for collaboration. Notably, this resonates with the HIC alliances, who identified the lack of such involvement as a challenge to their work in greater proportion compared to those from LICs in Section II.

Collaboration between civil society and UN agencies

Similar to collaboration with the government, national and regional NCD alliances identified several top priority areas for joint action with UN agencies.

Government accountability including the establishment of transparent national accountability mechanisms emerged as the most relevant area for collaboration with the UN. This was followed by the development of public health evidence, development of the investment case for NCDs, and scaling up advocacy in the SDG context.

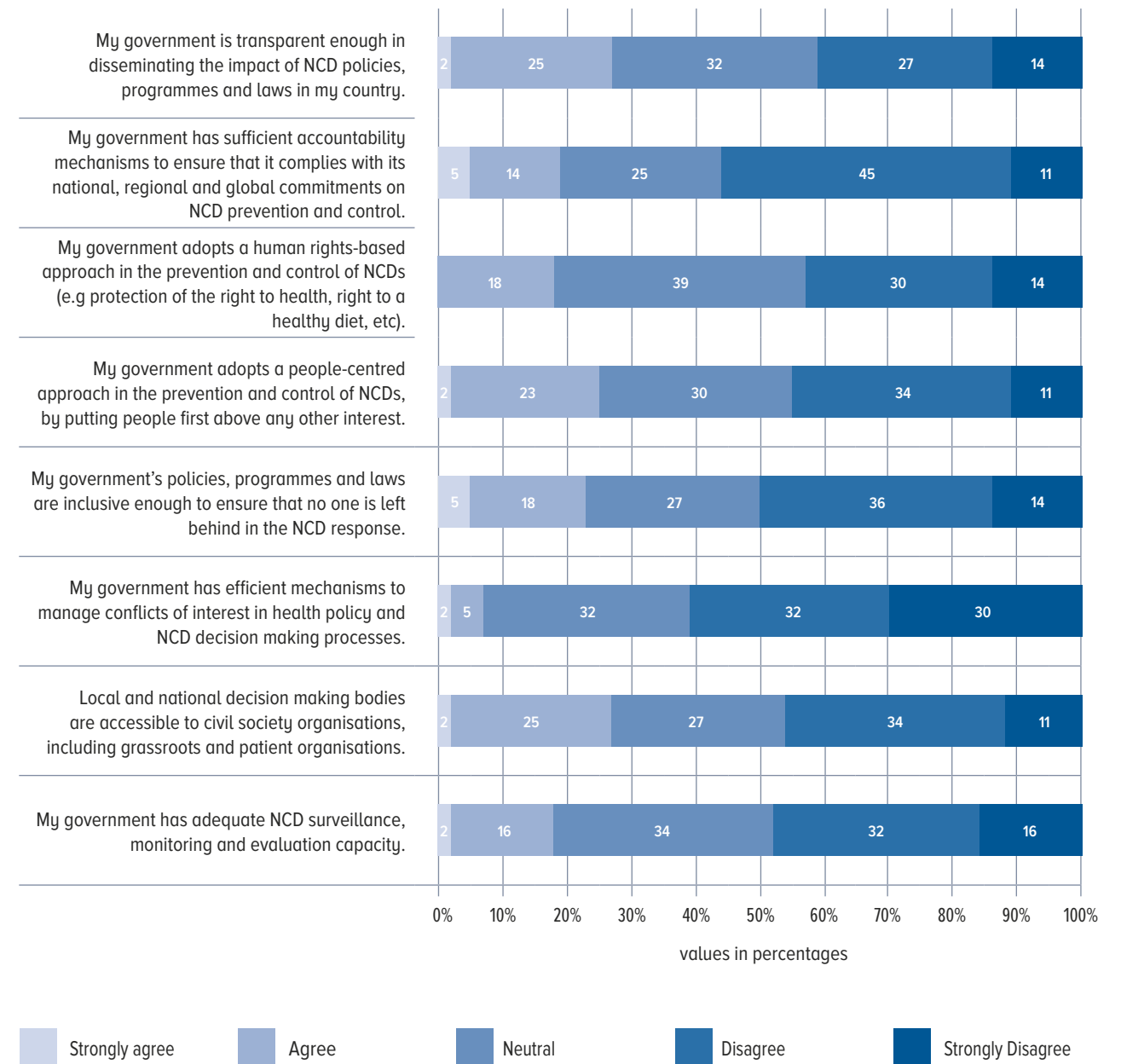


Figure 13. Government accountability mechanisms

Interestingly, several areas of expertise typically identified with UN mandates appeared lower or were not included in the alliance prioritisation for collaboration. These include integration of NCDs in broader health and development programmes, developing capacity for civil society engagement, platforms for CSO engagement in NCD policy making, ensuring involvement of non-health

sectors, and developing guidance on managing conflicts of interest. This points to the need to familiarise CSOs with the UN mandate for NCD prevention and control and create platforms for the sectors to explore each other's strengths.

V. Additional barriers and needs to address the gaps on NCD action

This section explores the barriers for national and regional NCD alliances to participate in global advocacy, additional areas of support to strengthen local advocacy efforts, and various opportunities to enhance civil society NCD responses.

KEY MESSAGES

Alliances mentioned inadequate knowledge about global events/ windows of opportunity, time constraints, and limited funding and staffing as major barriers to getting involved in global NCD advocacy.

Greater support in resource mobilisation, engagement in regional advocacy and facilitating learning among alliances, were identified by NCD alliances as areas that could enhance national and regional NCD action.

The scope for civil society engagement in the NCD response could be enhanced by improving their capacity in monitoring of government policies/commitments, advocacy for including civil society in government decision-making, promoting meaningful engagement of PLWNCDs, managing conflicts of interest, and reaching out to non-health stakeholders.

Barriers to global NCD advocacy

While all national and regional alliances were interested in global NCD advocacy, they face important barriers to engage in it. Alliances identified inadequate knowledge about global opportunities as their biggest barrier to engaging in global advocacy, followed by time constraints, and uncertainty about the appropriate target advocacy agency and the ways of engaging in global advocacy. Alliances explained how limited funding results in fewer staff, which in turn implies time constraints for national advocacy, leaving little time for global advocacy efforts.

Other barriers identified by alliances include the lack of financial, technical and human resources, industry interference, lack of response from governments, lack of materials in local languages, and the lack of clarity in the linkage between the global and national NCD agendas. Some alliances even mentioned finding UN processes too cumbersome to engage in events like the UN HLMs on NCDs, while others were unclear about the local implementation of the global advocacy goals. Interestingly, 10% of alliances mentioned facing no barriers to engaging in global advocacy.

Areas for additional support to local advocacy

Most alliances, except those from HICs, mentioned needing more support in resource mobilisation, a recurring need also reflected in NCDA's 2015 situational analysis of alliances⁹ and the 2017 NCD Atlas¹⁰. Apart from funding for activities, the respondent alliances sought opportunities for joint proposals with other organisations/alliances, information on funding mechanisms, and more accessible capacity development programmes for a larger number of alliances. Some expressed interest in human resource support, support to be more responsive to NCDA requests to engage in global advocacy campaigns, and support to better participate in other global NCD advocacy efforts.

Several alliances mentioned wanting support to engage in regional advocacy, have access to influencing regional bodies, and participate in regional events. Facilitation of learning and exchange between alliances was also a recurring need, such as through coordination with other national alliances within and beyond the region, twinning alliances from HICs and LICs, and arranging visits between relevant alliances.

Opportunities to strengthen the civil society NCD response

National and regional NCD alliances also provided recommendations to help improve the scope of civil society engagement in meeting national, regional and global NCD targets. There was extensive interest among the alliances in initiatives to improve civil society capacity in policy monitoring, communication strategies, resource mobilisation, meaningful engagement of PLWNCDs, coalition management, and managing conflicts of interest.

There's a general demand to help improve the scope for civil society engagement through technical and financial support and enhanced human resources. Technical support includes assistance in developing regional and national NCD plans, advocacy plans, reports, evidence, policy analysis, and building investment cases.

Technical briefs on regional issues, such as on health systems, and those summarising global reports and views on key NCD-related issues, would help address the time and staff constraints of national and regional alliances. Some alliances from HICs would find it helpful to receive inputs on how to make NCDs a priority for the development agencies.

Several alliances expressed interest in connecting with other NCD alliances to learn about their best practices or collaborate on common interests. Those from Africa were particularly keen to work with other alliances in the region towards regional targets and issues.

⁹ NCD Alliance. Achieving 25 x 25 Through Civil Society Coalitions: A situational analysis of national and regional NCD alliances. 2015.

¹⁰ NCD Alliance. NCD Civil Society Atlas: National and Regional NCD Alliances in Action. 2017.


VI. Bridging the Gap on NCD action: Implications for an increased NCD response

The results of the survey indicate encouraging growth of national and regional NCD alliances, particularly through the past decade, including PLWNCDs and youth in their efforts, as well as an increased outreach to key stakeholders, such as governments. In the next ten years towards 2030, alliances will continue facing important internal and external challenges, but are geared to push for priority cost effective interventions and government efforts, with an interest to help bridge the gap in the NCD response and meet the global 2025 and 2030 NCD targets.


In this new decade, alliances will prioritise assessing how to advance in meeting global NCD targets by adopting WHO best buys, increasing NCD financing, increasing governments' technical capacity, and ensuring the inclusion of NCD prevention and treatment into national UHC packages addressing multi-morbidities and ensuring a life-course approach. This needs to be done through a whole-of-society approach, meaningfully involving PLWNCDs, youth and other vulnerable populations.

There is need for civil society initiatives to be ramped up through capacity building, sustainable resourcing and enabling environments. Multi-sectoral engagement with relevant health and development partners will be crucial for enhanced civil society action. The 2025 UN HLM on NCDs and the 2030 Sustainable Development Agenda present opportunities to engage the multiple levers of development for collective action and bridging the gap. Hence, this NCD Atlas presents the following set of recommendations:


For national and regional NCD alliances




STRENGTHEN ALLIANCES by enlisting stakeholders that are critical to bridging the gap in the NCD civil society response.




COLLABORATE with international organisations to stimulate cross-sectoral action and improve NCD governance and accountability frameworks.




PROMOTE THE MEANINGFUL INVOLVEMENT of PLWNCDs and youth in alliances' strategic planning, and when engaging with policy makers and advocating for a space in government decision making bodies.



ADVOCATE FOR COHERENT GOVERNMENT ACTION, aligned to WHO best buys and other recommended interventions, and promote accountability in meeting the NCD targets.



BUILD CAPACITY to engage in and advocate for multi-sectoral coordination with governments and UN agencies, as well as for accountability mechanisms, including those focused on managing conflicts of interest.



ADVOCATE FOR SUSTAINABLE FINANCING and resources for government action on NCDs, particularly through taxation of unhealthy commodities.

For international organisations
(multilateral/
bilateral agencies)



SHARE BEST PRACTICES for effective multi-sectoral engagement and managing conflicts of interest arising thereof.



FACILITATE AND PROMOTE ENGAGEMENT of civil society in government decision making processes and responses on NCDs.



ASSIST IN CIVIL SOCIETY capacity development in monitoring of and reporting on government commitments for NCDs, including the 2025 and 2030 NCD targets.



CHANNEL TECHNICAL AND FINANCIAL RESOURCES to embed NCDs in sustainable development programming at national and regional levels.

For governments



ACCELERATE PROGRESS and translate commitments into action to ensure countries are on track in meeting the 2025 and 2030 targets.



IMPLEMENT the WHO best buys and other recommended interventions to prevent and control NCDs, based on country context and needs.



ENSURE sufficient political leadership and will, and prioritise NCDs as a key component in health and policy agendas, including through integrating NCDs in broader health programmes such as UHC.



ASSESS and address existing challenges hindering NCD responses, such as insufficient resources, staff and technical capacity, and poor programme implementation.



MEANINGFULLY INVOLVE CIVIL SOCIETY, PLWNCDs, and youth in NCD response, recognising the need for a whole-of-society approach.



IMPLEMENT EFFICIENT ACCOUNTABILITY MECHANISMS to monitor and track progress on NCD targets and commitments, as well as efficient mechanisms to manage conflicts of interest and the undue influence of the unhealthy commodity industries in health policy and NCD policy making processes.

For the NCD Alliance



LEVERAGE BEST PRACTICES, lessons learned and inputs from NCD civil society, particularly NCD alliances, to inform global advocacy and accountability efforts.



ADVOCATE FOR MEANINGFUL CIVIL SOCIETY INVOLVEMENT in the NCD response, promoting a whole-of-society approach that includes PLWNCDs and youth.



ADVOCATE AND HOLD GOVERNMENTS TO ACCOUNT to scale up action at all levels to fulfil the 2025 and 2030 NCD targets.



ADVOCATE AND SUPPORT INCREASED REGIONAL ACTION and coordination on NCDs, such as with regional bodies, WHO Regional Committees, etc.



FACILITATE KNOWLEDGE EXCHANGE and peer learning among alliances, and increase knowledge on advocacy strategies and enablers as well as NCD policy, including WHO best buys and recommended interventions.



CONTINUE EQUIPPING THE NCD CIVIL SOCIETY MOVEMENT, particularly national and regional NCD alliances, with skills and capacity in coalition building (including with non-health stakeholders), strategic advocacy, accountability, managing conflict of interest, resource mobilisation, and government engagement.

PART II

Case studies of national and regional NCD alliances Bridging the Gap on NCD action

This section showcases a compilation of 11 case studies of initiatives from different national and regional NCD alliances, and from diverse regions and income groups, that have contributed to bridging the gap in meeting national, regional and global targets and commitments on NCD prevention and control in the last three years. Additionally, it shares good practice and lessons learned from civil society action on NCD prevention and control to foster learning, knowledge sharing, and collaboration.

The four highest scoring initiatives reflecting the first two sub-themes, and three from the third sub-theme are presented in this section. The profiles have been developed through iterative consultations with the secretariats/coordinators of the contributing alliances. The top-ranking initiative from each category will be presented with a 2020 Sharjah Award for Excellence in NCD Civil Society at the third Global NCD Alliance Forum.

In October 2019, national and regional NCD alliances were invited to submit up to two recent initiatives of collective action from the past three years, reflecting the three sub-themes of the third Global NCD Alliance Forum 2020. An independent review panel scored the qualifying submissions from national and regional alliances on the basis of coordination, innovation, results and replicability across the mentioned sub-themes:

1. Saving lives through transformative policies and solutions



Four cases are presented, looking at the promotion and implementation of cost-effective policies in East Africa, Latin America, the Philippines and Vietnam.

2. Building demand through transformative social movements and voices of change



Four cases studies are presented, focusing on efforts in community mobilisation, particularly with people living with NCDs and youth in Cameroon, India, Kenya and Slovenia.

3. Enhancing accountability through transformative and inclusive governance



Three case studies are presented, working towards advocacy efforts for strengthened accountability systems and to ensure good governance in Brazil, the Caribbean and Mexico.

Influencing the East African Community towards a regional NCD framework


The East Africa NCD Alliance seized the opportunity of the regional health financing meeting of the East African Community (EAC) in February 2016 to raise the need for a regional response to NCDs. Subsequent collaborative work with the EAC Health Department and other stakeholders yielded community-wide political buy-in to advance the process through the EAC system and generated a roadmap for the development of a regional NCD framework.

INITIATIVE

NCD policy engagement with the East African Community

ALLIANCE

East Africa NCD Alliance (EANCDA), a regional coalition of six national NCD alliances from East Africa formed in 2014

 @eancda


COUNTRY


Arusha, Tanzania - seat of the Secretariat of East African Community

DATE

January 2018 to present

ACTIVITY

 **Primary**
Saving lives through transformative policies and solutions

 **Secondary**
Building demand through transformative social movements and voices of change

CASE SUMMARY

The EANCDA's Benchmark Surveys of 2014 and 2018 indicated a weak and disjointed country level response to NCDs in the region. The alliance identified the East African Community (EAC), an intergovernmental regional economic block, as a potential regional body for joint action on NCDs. Although previous efforts to engage the EAC had limited success, the EANCDA leveraged the entry point emerging at the launch of the EAC Health Sector Investment Priorities (2018-2028) in February 2016, which would be attended by heads of states, ministers and senior technocrats from the region, to secure a regional NCD framework.

While it was late to influence the finalised investment strategy, the alliance used its launch to vocalise the glaring gap in responding to the region's rising NCD burden. The impassioned call for action convinced the Head of the EAC Health Department to agree to a later engagement.

An exploratory and planning meeting with the EAC Health Department in November 2018 helped the alliance to understand the EAC structures, the work of this department, and agreed areas and mechanisms for collaboration, such as developing a regional guidance document on NCDs and a larger regional meeting to discuss an NCD framework, which in turn was realised in July 2019. This meeting called for high-level policy engagement targeting the EAC Health Department, NCD leads from Member State ministries of health, and representatives of WHO-AFRO NCD and medicines departments, among others.

Further, the alliance partnered with the Coalition for Access to NCD Medicines led by PATH, which was familiar with the EAC platform. Together they worked with the EAC Health Department in finalising the July 2019 meeting agenda, writing background materials, and selecting and mobilising participants. The objectives of this meeting were to:

- a. Establish a regional collaboration framework on NCDs between EANCDA, WHO-AFRO, EAC and the Coalition for Access to NCD Medicines and Products;
- b. Map out activities for joint implementation among partners, and establish communication channels for sharing information; and
- c. Develop a regional guidance document on NCDs to guarantee effective prevention and control of NCDs at the primary health care (PHC) level, under the universal health coverage pillar.

“

We can see that different countries are doing different things, and separately. We can also see that the EAC treaty gives enough mandate to address NCDs, but this is scattered in different provisions. All this underscores the needs for a regional framework on NCDs.”

Dr Michael Katende,
Head of Health, East African Community

The July meeting yielded: (1) a road map for the collaborative development of a regional framework on NCDs; (2) an invitation to the alliance to participate in future EAC Technical Working Group meetings on communicable diseases and NCDs to advance the lagging NCD agenda; (3) a meeting report and resolutions, presented to the East Africa Council of Health Ministers in October 2019; and (4) the process of NCD framework development that is currently being escalated through the EAC structures.

The initiative was resourced through the alliance's partnership with the Danish NCD Alliance and project funds of the Coalition for Access. EANCDA is still mobilising resources for its next steps. Meanwhile, the EAC has been encouraged to budget for the NCD policy process through internal resourcing, making it viable and sustainable.

ANALYSIS

POWER OF ALLIANCES

The initiative exemplifies the power of partnerships among civil society organisations, and with intergovernmental bodies. On the civil society side, while EANCDA led in conceptualising, engaging and organising the process, its member, the Tanzania NCD Alliance provided day-to-day engagement with the EAC secretariat hosted in that country.

Other member alliances mobilised political support from EAC Member State participants for the regional meeting on NCDs, which was necessary for the sensitive EAC protocols. The external CSO collaboration with the Coalition for Access helped to draw on their research, advocacy and networks built from working on NCD medicines in Africa. The initiative expects to involve non-health, youth and PLWNCDs during the development of the NCD framework.

At the IGO end, the EAC Health Department provided the political cover and legitimacy to mobilise Member State participants in the meeting. WHO AFRO NCD and medicines departments helped to provide regional NCD framework perspectives. East Africa Health Research Council provided health research perspectives in the discussions.



Regional meeting on development of the EAC regional framework on NCDs: EAC Member State Ministry of Health NCD leads, heads of regional centres of excellence on NCDs, WHO AFRO, EANCDA, and the Coalition for Access, in Arusha, Tanzania, July 2019.

INNOVATION

As the initiative unfolded, the EANCDA innovated its strategies in three major ways.

- **Critical entry point:** Having had limited success in engaging directly, the alliance used a related event to access and develop relations with EAC decision makers.
- **Embedding under EAC processes:** The decision to work within the framework of EAC processes was novel and an enabler in securing official legitimacy for the process, and opened doors for a collaborative framework between the EAC and civil society on NCD policies.
- **Synergy for resource utilisation:** The Coalition for Access was planning a similar engagement. Therefore, this initiative joined forces and combined the agenda, goals and strategy to save funds and proceed together.

RESULTS

The initiative has so far yielded significant process and strategic outcomes along with some key deliverables.

- The initiative has led to the start of a process to develop a regional framework/policy on NCDs, including civil society.
- A regional issue paper has been developed and submitted as part of the process to convene and start the strategy development.
- It brought the multiple EAC stakeholders together for the first time to discuss NCD policy.
- This generated momentum on the need for a regional framework to enable member countries to benefit from a regional and collaborative approach to NCDs.
- Together with the Coalition for Access to NCD Medicines, EANCDA is now viewed as a partner in the development of the regional NCD framework.

This initiative demonstrates approaches, strategies and the flexibility required to position NCDs in the agenda of key regional blocks.

CHALLENGES, ENABLERS AND LESSONS LEARNED

The well-established relations of EANCDA members with country NCD leads at Member State ministries of health (the key meeting participants) made political mobilisation relatively easy. It helped to ensure a receptive Head of EAC Health Department, who was open to collaboration. EANCDA's grit to continue the initiative as part of EAC normal processes, following the official protocols, enabled full Member State buy-in. The partnership with the Coalition for Access brought organisational, technical and financial support.

The NCD leads from Member States had never convened such a meeting on the issue at EAC level. The update from each country provided an informal regional peer comparison, adding momentum to the call for a regional framework.

However, the EAC policy-making processes are not easy to engage and EANCDA's past efforts met no success. These processes tend to be long, require Member State buy-in and are subject to diplomatic and political protocols. Hence, the success of the EANCDA came at the launch of the regional health financing meeting, which was however only open to paying participants.

The EANCDA campaign focused on achieving a positive outcome through the EAC's framework. The sustainability of this process in the immediate term is still a challenge as the alliance is yet to locate resources.

BRIDGING THE GAP

This initiative towards the development of a regional framework is among high-level follow-up actions of the global NCD frameworks. It is also among the first efforts to develop an NCD policy among regional economic blocks. Once developed, it will form the framework for implementation of the 25x25 targets and the WHO Global Action Plan on NCDs 2013-2020 across East Africa.

Given the influence that EAC has on Member State policies, the EAC regional framework will in turn help strengthen national level NCD policies, especially around the WHO best buys. The regional approach is anticipated to drive peer inspiration among Member States to progress action on NCDs.

Using litigation to prevent tobacco promotion to Latin American consumers

The Brazilian representative of the InterAmerican Heart Foundation, Secretariat of the Coalición Latinoamérica Saludable (CLAS), spotted and reported tobacco promotions in violation of the country's tobacco control law at the 2017 Rock in Rio music concert. Acting on this complaint, the enforcement agencies and the public prosecutor filed a consumer lawsuit, charging the responsible entities. Upholding health and consumer rights, the State Court prohibited all tobacco promotion at the 2019 edition of the event and fixed penalties for any violations, representing an important precedent on NCD prevention for the Americas and other regions.

CASE SUMMARY

In contravention of Brazil's 2011 federal law banning most forms of tobacco advertising, promotion, and sponsorship (TAPS) except product displays inside points of sale, tobacco companies frequently promoted their products at the country's popular biannual Rock in Rio music concert. The industry was expected to invest over one million dollars to set up and operate promotional points of sale at the 2017 edition of the concert.


The likely exposure of the event's anticipated 500,000 participants, including significant youth participants from across Latin America, to tobacco promotion concerned the InterAmerican Heart Foundation (IAHF), the Secretariat member of CLAS. The CLAS members consulted and decided to seek prosecution of the violators under Brazil's judicial system, led by IAHF country representative.

At the 2017 concert, civil society advocates from CLAS recorded tobacco industry violations of the country's federal tobacco control law and the regulations of its health regulatory agency (ANVISA). IAHF local representative and ACT Health Promotion - Brazil's NCD alliance and another key member of CLAS - consulted with the government and others on the best way to address the violations. In July 2018, the IAHF, supported by CLAS members, filed a formal complaint about the violations to Brazil's National Commission for the Implementation of the Framework Convention on Tobacco Control (CONICQ).

Based on this complaint, the National Cancer Institute (INCA), CONICQ's secretariat, alerted the State Prosecution Office (MPERJ) responsible for public interest litigations in Rio de Janeiro about the concert's non-compliance. Propelled by this inter-agency coordination, the Consumer Prosecutor Office reviewed the civil society complaint and filed a lawsuit charging the concert promoter, the cigarette company and the tobacco shop for illegal practices at their 2017 concert. The charges included display of tobacco products beyond areas permitted by the law, brand advertising, sales promoters, and tie-in sales of cigarette lighters with tobacco packs. The Prosecutor also sought an interim judgment to avert further tobacco promotion at the then imminent 2019 edition of the event.

INITIATIVE
Violation of consumer rights and litigation through the Prosecution Office: legal action against tobacco promotion and advertising



ALLIANCE
Coalición Latinoamérica Saludable (Healthy Latin American Coalition, CLAS), a network of over 200 organisations from the Americas region formed in 2011

 @CLASCoalicionLatinoamericaSaludable

COUNTRY
 Latin America

DATE
 July 2018- October 2019

ACTIVITY

-  **Primary**
 Saving lives through transformative policies and solutions
-  **Secondary**
 Building demand through transformative social movements and voices of change

“

Concerted action among the government and civil society organisations like IAHF, with new actors such as the Consumers Prosecutor Offices and Civil Courts, can curb the industry promotion of tobacco products at music festivals, and ensure effective implementation of the FCTC in Brazil.”

Mr João Ricardo Viégas,
International Advisor-INCA, the CONICQ secretariat,
and WHO FCTC AMRO Regional Coordinator

In August 2019, after hearing CONICQ and ANVISA experts, the State Court issued a series of restrictive orders for the 2019 edition of the concert. The order required the concert promoter to ensure event access exclusively to those above 18 years of age; banned sales promoters, tie-in sales, marketing kits, and use of brand elements such as colours and advertising on tobacco price lists at the points of sale; and stipulated health warnings and smoking bans at the shops. Furthermore, it set a penalty of USD \$1,250,000 for any legislative violations at the 2019 concert.

The court order thus stopped the tobacco industry's promotional strategy at the concert and in the country, taking into cognizance the implications of tobacco promotion on youth and consumer health for participants coming from across the region. IAHF and CLAS continue to follow up on the lawsuit to see if the court will allocate any fines from violations towards tobacco control projects, including for monitoring tobacco industry strategies. Meanwhile, the IAHF and other CLAS members continue monitoring and reporting on violations to strengthen Brazil's efforts in meeting its Framework Convention on Tobacco Control (FCTC) obligations.



Open access point of sale at the 2017 Rock in Rio concert with cigarette brand insignia

ANALYSIS

POWER OF ALLIANCES

The initiative displays the power of partnerships at multiple levels that lead to positive outcomes on NCD prevention and monitoring of NCD policies, particularly on tobacco control.

Civil society collaboration

The initiative mobilised forces across Latin America and within Brazil to address an issue that would have impacted youth across the region. The close coordination between the CLAS members helped in mounting the formal complaint for prosecution.

Civil society-government collaboration

Meetings between government and civil society enabled the latter's complaint and its prompt processing by the concerned government agencies.

Collaboration among government agencies

CONICQ, INCA and ANVISA, as government agencies responsible for FCTC implementation, cancer prevention and tobacco control regulations respectively, showed swift coordination and leadership in processing the civil society complaint and offering their expertise at the court hearings. Their further coordination with the Prosecutor's office helped to generate a robust report on tobacco industry violations and make a viable case before the court.



Enclosed and guarded point of sale post court order at the 2019 concert

INNOVATION

The initiative stands out for its reach, sensitisation and the role of non-health agencies, such as the civil courts and public prosecutor, in defending consumer rights and public health from commercial interests, which is an interesting area of opportunity for other NCD advocates.

Given the similarities in the tobacco industry promotional strategies across the world and within the region, the litigation strategy from this initiative presents a model for NCD advocates for early identification and response to such instances in other jurisdictions. Every judicial order defending tobacco control policies sets a precedent and sensitises the legal community across the NCD spectrum.

The initiative effectively met its human, technical and advocacy needs by drawing on existing resources, including monitoring, reporting and advocacy of CLAS and its members, as well as on the credibility and expertise of the government agencies.

RESULTS

The initiative put an early end to illegal tobacco advertising and promotion at an international music event with a significant youth audience from across the Americas, thus sparing the nearly 700,000 participants of the post-judgment edition of the event in 2019 from exposure to tobacco promotion. Its long-term impact on NCD prevention lies in pre-empting future violations of the FCTC and thus preventing tobacco exposure of millions of teenagers and young adults in the region.

The lawsuit also created new collaborations between various government agencies, and with civil society. It helped to consolidate the credibility and powers of the country's health regulators, while yielding two stronger regulations from ANVISA towards effective implementation of the federal law in 2018 and 2019.

Meanwhile, the judgment has signalled the tobacco industry for compliance with the country's laws. It not only established a precedent for court protection of consumers' health from activities of unhealthy commodity industries, but also enabled the San Paulo Prosecutor's Office in initiating a similar legal suit following a complaint by ACT Health Promotion on similar violations at the Lollapalooza music festival (2018 and 2019 editions).

Civil society advocates involved in the judicial action

CHALLENGES, ENABLERS AND LESSONS LEARNED

Lawsuits defending tobacco control laws based on health and consumer rights are an emerging jurisprudence in Brazil; the same for other NCD prevention policies. A common barrier to such litigations is the non-availability of substantive evidence. In this case, joint action by the regional NCD civil society through the IAHF and CLAS, and government agencies, ensured documentation of legal rigour.

BRIDGING THE GAP

As tobacco is the leading preventable risk factor for NCDs, this initiative was geared towards implementation of the WHO FCTC by ensuring compliance with the national tobacco control law. Thus, it contributes to the achievement of SDG target 3.a, calling for accelerated implementation of the treaty and the reduction of one of the most important NCD risk factors.

The judicial action on tobacco industry violations of national laws has created a compelling environment for compliance by other unhealthy commodity industries, such as alcohol and food and beverage, making the case for better and stronger regulation of NCD risk factors and their industries.



Advocating for a cancer control law in the Philippines


A network of cancer organisations and the Healthy Philippines Alliance advocated for a cancer control law to strengthen NCD control efforts in the Philippines. After reviewing pending cancer bills, the campaign developed a draft law, mapped legislators, engaged with potential policy maker allies, mobilised cancer patients and launched a media campaign to raise the profile of the issue. The collective advocacy led to the passage of the comprehensive National Integrated Cancer Control Law in February 2019, benefitting NCD prevention and control measures in the country.

INITIATIVE

Saving lives through the National Integrated Cancer Control Act

ALLIANCE

Healthy Philippines Alliance (HPA), a network of 15 member organisations formed in 2018

 @PHealthAlliance


COUNTRY


Philippines

DATE

June 2017 to August 2019

ACTIVITY

 **Primary**
Saving lives through transformative policies and solutions

 **Secondary**
Building demand through transformative social movements and voices of change

CASE SUMMARY

Propelled by a shared desire to scale up and ensure sustainability of government support for all people living with cancer, the Cancer Warriors Foundation¹¹, together with six cancer groups, formed the Cancer Coalition Philippines¹² in 2016 to jumpstart advocacy for a national legislation to address the gaps in the country's cancer response. The Healthy Philippines Alliance (HPA), formed in 2018, found the initiative to be aligned with its own mandate for NCD policies, and joined forces with the campaign.

After studying the legislative process and identifying critical timelines, this broad NCD and cancer civil society network assessed 41 cancer-related bills that were pending before the legislature and consolidated their relevant provisions. A town hall meeting of 350 people living with and affected by cancer and NCDs deliberated on the potential scope, critical elements and implications of the proposed law and identified priorities. Inputs of medical societies, allied health professional associations and other NCD and health organisations were solicited through consultations. Based on these multi-stakeholder engagements and aided by the Cancer Coalition Philippines, they developed a draft Cancer Control Bill. HPA reviewed and strengthened the draft.

Simultaneously, a political mapping helped identify supportive legislators. The network met, sought inputs and requested legislative allies and potential champions in key committees and positions of strategic influence to submit a Cancer Control Bill to the legislative assembly. This included heads of prime legislative committees of health, appropriations and finance that are central to the process. HPA's broader constituency of NCD prevention advocates lent their contacts, facilitated access to influential stakeholders and mobilised groups of people living with cancer and sectoral organisations across their networks to support the passage of the law.

The coalition worked with the Officer in Charge-Secretary of Health, the legislative champions, and met the First Couple to secure a place for the Cancer Control Bill in their respective priority legislative agenda. A roundtable discussion with the healthcare industry, including pharmaceuticals, helped to inform and engage them as allies in the process.

¹¹ Cancer Warriors Foundation is a member of Healthy Philippines Alliance and Cancer Coalition Philippines.

¹² The Philippine Cancer Society, Carewell Foundation, I Can Serve, Cancer Warriors Foundation, Brave Kids, the Philippine Society of Medical Oncology, and the Philippine Society of Oncology founded the Cancer Coalition Philippines.

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Cancer is not just a disease and a public health concern, it is a challenge to the country's economy and the future of its citizens. Civil society organisations play a vital role in bringing diverse stakeholders together, widening and deepening the dialogues, amplifying voices of patients, survivors and their families and crafting the way to a more sustainable and supportive policy environment for NCDs.”

Carmen Auste,
Cancer Warriors Foundation & Member of the Healthy Philippines Alliance.

Meanwhile, the advocates engaged in a media strategy, including press conferences with major media outlets facilitating interaction and interviews with people living with cancer, survivors and bereaved family members. Social media, bloggers and video bloggers kept the issue live in the public discourse.

This collective action led to the successful passage of the *National Integrated Cancer Control Law* on February 14, 2019. It aims to improve the quality of care throughout the cancer continuum, provide accessible and affordable medical services and medicines, expand the population-based cancer registry and establish hospital-based registries, and set up a dedicated cancer control division, a multi-sectoral Cancer Council, and a dedicated cancer fund.

A Cancer Patient Congress of 1000 attendees convened during World Health Day in April 2019 put the spotlight on the urgency of implementing regulations and responding to the needs of people living with cancer. Moving forward, the key NCD and cancer civil society partners have planned a communications campaign to inform and engage local governments, academic institutions and workplaces on the full implementation of the law.

ANALYSIS

POWER OF ALLIANCES

The initiative reflects the added advocacy momentum achieved by a broad NCD and cancer coalition, resulting in the synergistic action of the Cancer Coalition Philippines and HPA towards shared goals. While the Cancer Coalition drafted the bill and managed stakeholder engagement, the HPA mobilised support for its passage.

The informal network of supportive legislators, committee heads and civil servants proved highly efficient in moving the agenda swiftly through the legislative system.

The initiative's consultative approach helped consolidate the views of those with lived experience of cancer at every stage. Their participation in the legislative sessions demonstrated the popular support of the bill to legislators, thus helping push it to the top of the session hearings and securing the necessary votes.

Additionally, securing the inputs of those engaged in their treatment and care, while managing expectations of the relevant industries, helped to foster a sense of ownership among diverse stakeholders and present a shared agenda. This inclusive approach came in handy in later deliberations on the regulations under the law.

INNOVATION

The Cancer Coalition was creative in mapping and identifying legislators whose lives were touched by cancer, those who had previously supported cancer initiatives and/or were NCD or health champions.

Early engagement of the health department proved helpful to introduce the bill in the government's legislative agenda. The strategic leverage of the interest of the country's First Couple in health and childhood cancers secured its inclusion in the President's legislative agenda.

Active involvement of people with lived experience of cancer helped attract media attention to the cause and resultant coverage across mainline and online platforms.

RESULTS

The new Cancer Control Law will save lives and create a better quality of life for people living with cancer and related NCDs through its provisions, strengthening health system capacity. This legislation recognised people living with cancer and cancer survivors as people with disabilities for the first time, triggering benefits under the country's disability law to avail 20% discounts on medicines, home essentials, food and travel, and other expenses.

It has a notable non-discrimination section that extends beyond patients and survivors to their immediate family members. This is expected to address deep-rooted social stigma and resultant mistreatment of the affected households. The law's mandate to the private sector will promote a supportive environment at work and in learning settings.

Additionally, the law stimulates reforms in the Food and Drug Administration to facilitate the inclusion of proven and effective new medicines and reduce the prices of major essential cancer medicines, including innovator drugs, which is expected to have a positive impact on cancer and NCD treatment and control.

CHALLENGES, ENABLERS AND LESSONS LEARNED

The initiative had to work through the plethora of views and demands of people living with cancer on the key elements to be included during the drafting of the law. Multiple consultations with them and other NCD and health stakeholders helped to identify the top priorities.

Initially, the campaign received low media coverage and had limited financial resources for advocacy. The initiative overcame the challenges through (1) the unwavering work and resource sharing among members of the Cancer Coalition members, also including members of the HPA; (2) the support of legislative and executive champions, (3) assistance of media partners in improving the messaging to increase public support of the bill; and (4) assistance of medical societies, professional associations and advocacy networks, like the HPA, to mobilise support from various health and NCD stakeholders.

People and children living with and affected by cancer and NCDs at an event organised by the Cancer Coalition Philippines

BRIDGING THE GAP

The National Integrated Cancer Control Law is aligned with the commitments and goals of the Philippines to the SDGs, including its Multi-sectoral Action Plan on NCDs (2015-2025), thus helping the country accelerate its targets on NCD prevention and control. It contributes directly to the SDG target on reducing NCD mortality by 30% by 2030. It is also supportive of the national health target, which envisions Filipinos as being among the healthiest people in Asia by 2040.

The logical and strategic approach of this advocacy campaign for a cancer control law, and the exemplary provisions of its outcome legislation, can be mirrored in similar legislative efforts for other NCD treatment and care policies.



Philippines House of Representatives and patients at a legislative hearing on the Cancer Control Bill



Countering industry tactics for the passage of Vietnam's alcohol control law



Faced with alcohol industry opposition to a comprehensive alcohol control bill, the Vietnam Non-Communicable Diseases Prevention and Control Alliance generated evidence, wrote to political leaders, countered alcohol industry tactics, exposed its corrupt links within the system, ran a media campaign, amplified the voices of those harmed by alcohol, and provided comments to improve a draft law. Thanks to the alliance's advocacy efforts, the National Assembly passed the law in June 2019, accelerating the country's commitment to NCD prevention by reducing an important NCD risk factor.

CASE SUMMARY

Following years of opposition by alcohol companies, in 2017, Vietnam's National Assembly and the Prime Minister mandated its Ministry of Health (MoH) to develop a draft alcohol control law. NCDs-VN and partners supported the MoH in building it to be aligned with the WHO's alcohol control guidelines. As the draft was released for public comments in April 2018, NCDs-VN represented the non-state, non-profit, research-based advocacy institutions at the alcohol policy stakeholder platform, and defended it against industry voices and certain segments of the government.

As the draft bill advanced through five subsequent steps at the National Assembly, the alcohol industry attempted to weaken it through 4D strategies (Deny, Delay, Divide, and Dismiss). Through letters to top political leadership, threats of economic and trade consequences, communication campaigns, and workshops with allied ministries and professional bodies, they sought to dilute the draft and delayed the process.

NCDs-VN rolled out a three-phase campaign with three distinct triggers from April 2018 to January 2019. The first phase of the campaign (September-November 2018) seized the momentum in the run to the 2018 UN HLM on NCDs to target the National Assembly's first vote on the bill. A series of four alcohol-related teenage rape cases and accidents in the month before the Assembly's final vote on the law triggered the next phase of the campaign, running between March and June 2019.

The campaign initially began with a community-based survey on the economic loss from alcohol use, which informed further campaign communication. Through social and public media monitoring, it identified the trigger cases for advocacy. Involving those harmed by alcohol, the alliance organised a workshop for the provincial National Assembly delegates and media to discuss the challenges in securing a robust law, including industry interference.


NCDs-VN members informed political leaders, the National Assembly, and mass organisations (trade unions) about industry strategies and officials engaged in the law development that were backing the industry in the subversion of corruption laws. Simultaneously, the alliance involved people affected by alcohol and government allies to create public awareness through the media about the need to reduce alcohol consumption as an NCD prevention strategy, the benefits of the proposed law, and the alcohol industry's attempts to weaken it.

INITIATIVE

Advocacy for a law on prevention and control of alcohol-related harms

ALLIANCE

Vietnam Non-Communicable Diseases Prevention and Control Alliance (NCDs-VN), a network of 13 organisations formed in 2015.

 ncdvn.org


COUNTRY


Vietnam

DATE

May 2018 to January 2020

ACTIVITY

 **Primary**
Saving lives through transformative policies and solutions

 **Secondary**
Building demand through transformative social movements and voices of change

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The development of the alcohol law brought the MoH and NCDs-VN to work together. We agreed on what the ministry would do, what the alliance would do, and how we would coordinate. At times, there have been differences in perspectives. NCDs-VN as a civil society voice expressed its views publicly. They conveyed their key messages through letters, social media articles, talk shows, and debates at the workshop organised by the National Assembly’s Committee of Social Affairs.”

Dr Nguyen Huy Quang,
Head of Department of Legal Affairs, Vietnam Ministry of Health

As the National Assembly met to finalise the law, NCDs-VN joined a street demonstration supporting the demands of alcohol victims. In June 2019, the National Assembly passed “The Law on Preventing and Combatting Harmful Effects of Alcohol and Beer”, which came into effect on 1 January 2020. While industry opposition eliminated the initial proposals for taxation, a health promotion fund, and civil society monitoring, which could have increased the law’s impact on the broad NCD prevention agenda, the law has managed to retain a focus on beer, bans alcohol advertising and internet sales, sets an age limit for drinking, and sets alcohol levels for driving after drinking, alongside a ban on alcohol use in educational and health facilities and by public servants during office hours.

With the passage of the law, the campaign is shifting gears to enter its third phase in January 2020, to advocate for the effective implementation and integration in the government’s One Health and Ecohealth community initiatives.

ANALYSIS

POWER OF ALLIANCE

Supported by the NCDA’s Advocacy Institute Seed Programme, NCDs-VN and its members took the lead in the advocacy campaign activities, pooled resources and made in-kind contributions to the passage of the national alcohol law. For example, the Center for Media in Educating Community organised the TV shows; NGO-IC dealt with government relations; the Law and Policy of Sustainable Development Research Center lent legal support; and Health Bridge Canada and the Research and Training Center for Community Development (RTCCD), NCDs-VN Secretariat, provided technical support.

INNOVATION

NCDs-VN planned an innovative advocacy campaign tracking the law from start to finish. The initiative displayed agility and swiftness in responding to the advocacy triggers and seizing the windows of opportunity, such as the 2018 UN HLM on NCDs, National Assembly meetings, and the tragic alcohol-related deaths.

The alliance also displayed flexibility in employing a variety of strategies: at times working with the MoH, and on other occasions voicing NCD civil society views at government and National Assembly workshops, writing letters to political leaders, using the media, and enabling victims of alcohol harm to speak at political platforms.

Exposing industry sympathisers within the government system reflected bold and out-of-the-box thinking. The alliance’s strategy innovatively linked industry interference to the ruling party’s anti-corruption initiative and the country’s newly minted anti-corruption law. It used social media (Facebook) as a tool to expose industry interference in policy development, and even to raise campaign resources.

RESULTS

- The alcohol law survived stiff industry opposition and two rounds of voting to successful passage in the National Assembly in June 2019.
- NCDs-VN has come to be recognised by the country’s political system as an evidence-led, non-profit alliance that works for public health benefits.
- The initiative managed to link support for alcohol interests with systemic corruption.
- Victims of alcohol-related harm found a platform to voice their grief and demands.

CHALLENGES, ENABLERS AND LESSONS LEARNED

The alcohol and allied companies have over the years cultivated sympathisers within the government and the National Assembly. Given the rampant corporate influence in policy development in the country, the alliance mapped and found that those pro-alcohol also tend to favour similar NCD harmful industries, such as asbestos, tobacco, baby food, and coal-fired power plants.

The alliance learnt some critical lessons from its advocacy for the alcohol law, including:

- Sustaining the campaign and remaining an independent NCD voice for public benefit is critical.
- Use anti-corruption platforms to identify and expose pro-industry players.
- Augment international evidence and resources with local data and contributions.
- Use social media to get around mainstream media blocks.
- Release communication with the government to the public for education, transparency and advocacy purposes.
- Build own infrastructure for live shows for swift dissemination via social and mass media.



BRIDGING THE GAP

Both the national and regional NCD strategic plans call for the implementation of WHO NCD best buys regarding alcohol control. The NCD best buys recommendation for a Health Promotion Fund to guarantee financial resources for law implementation was among the key demands of this initiative. This initiative also demonstrates how a national NCD alliance can contribute to policy change through strategic advocacy, even if public health policy development seems blocked by unhealthy commodity industries’ interests through their strategic advocacy. NCDs-VN efforts are in line with the national NCD plan as well as regional and global NCD strategies, and they help Vietnam to advance towards fulfilling SDG target 3.5 aiming to prevent the harmful use of alcohol.

The campaign offers key lessons in the strategic use of triggers and windows of opportunity, planned phases and piggybacking on the anti-corruption platform to advance NCD policy advocacy against opposition from unhealthy commodity industries.

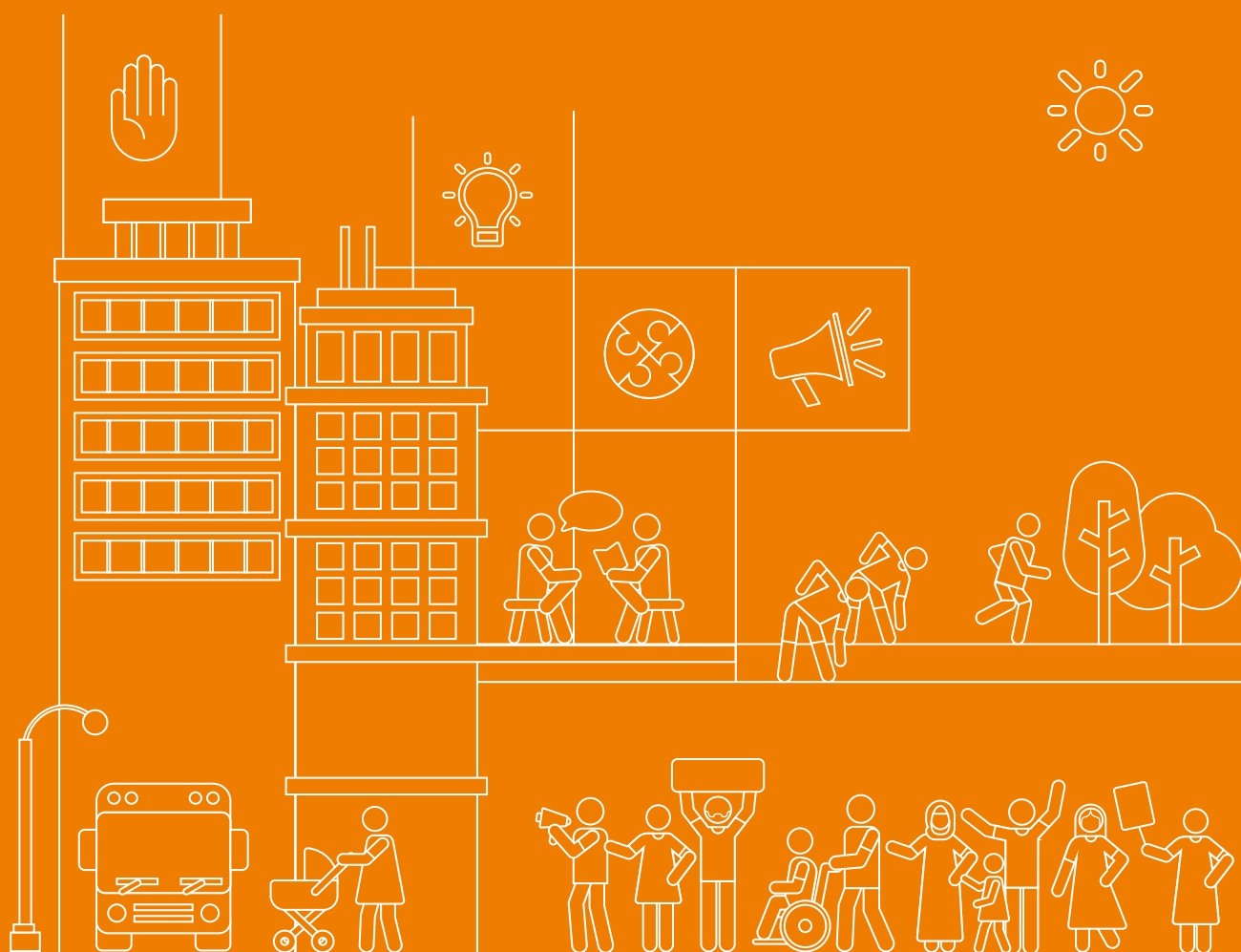


NCDs-VN workshop with National Assembly Delegates in Hanam, August 2018

NCDs-VN joining a street demonstration supporting the demands of alcohol victims

SUB-THEME 2

BUILDING DEMAND THROUGH TRANSFORMATIVE SOCIAL MOVEMENTS AND VOICES OF CHANGE



Working with a bank for NCD awareness and screening in Cameroon

A member of the Cameroon Civil Society NCD Alliance partnered with Ecobank, one of the leading banks in the country, to conduct NCD awareness talks, screening camps and counselling for its staff, clients and passers-by across its branches in three cities in the country. Furthermore, it organised health walks, lifestyle counselling, and radio and television spots to reach out to the larger community and policy makers, thus increasing NCD awareness in the country.

CASE SUMMARY

Building on a past partnership, Ecobank approached the Cameroon Baptist Convention Health Services (CBCHS), the secretariat of the young Cameroon Civil Society NCD Alliance (CACNSA), for a three-year corporate social responsibility collaboration to organise NCD activities around its annual NCD day. Across the three years, the initiative aimed to:

1. Create NCD awareness within the bank ecosystem;
2. Improve access to NCD services;
3. Address NCD-related stigma and discrimination at all levels.

The initiative started with the annual NCD day celebrations in October 2019, targeting the bank staff, clients, people living with NCDs, youth and the larger community in the Centre, Littoral and Western regions of the country. In preparation, the bank identified its busiest branches for maximum coverage of interventions and ensured staff participation. CBCHS, accompanied by the CACSNA, organised the logistics for screening camps, mapped out the routes and secured permissions for health walks, and developed the campaign materials.

On the 2019 annual day, the CBCHS conducted talks on NCDs and their risk factors for the bank staff, clients and passers-by at eight branches across the intervention cities of Bafoussam, Douala and Yaoundé. This was accompanied by five days of screening for hypertension, diabetes, obesity, and breast and cervical cancer, as well as lifestyle counselling at the bank premises. Post screening referrals to hospitals enabled further assessment, definitive diagnosis and treatment.

The activities in each city culminated in a health walk of five to ten kilometres, attended by the bank staff, health teams, PLWNCDs, local administration, and local athletes to inspire and draw attention to physical inactivity and other NCD risk factors. The walks thus presented an opportunity to create awareness in the communities through which they passed, while affording physical exercise to the participants. At the end of the walk, people received personalised counselling on exercise and diet.

INITIATIVE

Ecobank Stop NCDs

ALLIANCE

Cameroon Civil Society NCD Alliance (CACNSA), a network of 11 organisations formed in 2018

 @CameroonNCDA

COUNTRY

Cameroon-Subnational Centre, Littoral and Western regions and cities of Bafoussam, Douala and Yaoundé

DATE

September - October 2019

ACTIVITY



Primary
Building demand through transformative social movements and voices of change



Secondary
Saving lives through transformative policies and solutions

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At Ecobank, we are not immune to the impact of NCDs in our lives, and the communities in which we work and live. Therefore, Ecobank staff has decided to “break the silence” about NCDs and join the global NCD movement - health advocates, experts, people living with NCDs, civil society organisations and the like - to join forces and get involved in pushing for progress on NCDs. Our group has made available the resources for affiliates to take a step against NCDs, as people are the greatest assets for Ecobank and the world and there is no better cause than preserving life”.

Mrs Gwendoline Abunaw,
Managing Director- Ecobank Cameroon

A variety of media were used to expand the reach of the initiative to the general population. Radio spots and an NCD-related educational video of PLWNCDs on television and radio networks drove home the need for early diagnosis, treatment adherence and risk avoidance. Social media posts on NCD risk factors and youth commitments to lead healthy lives amplified the campaign messaging.

The initiative strategically engaged district medical officers and officials from departments of sports, physical education and others to open doors for advocacy on NCD concerns. Looking forward, the initiative seeks to expand the scope of the project by engaging more alliance members, including corporate and non-health stakeholders.

ANALYSIS

POWER OF ALLIANCE

This joint venture between a bank and civil society signifies collaboration among non-state actors on NCDs. Ecobank Cameroon provided financial resources, its branches, and the key target audience. The CBCHS lent the human and technical resources for awareness, screening and referrals.

While one member of the CACSNA led the first-year activities, its success has created the scope for a holistic approach through the involvement of other members of the alliance for wider coverage and deeper impact in the coming years.

PLWNCDs and local athletes brought in the community element to the health walk, while the Ministry of Sports and Physical Education represented the government sector. The media helped by highlighting the events and conducting interviews of key spokespeople.

INNOVATION

This was the first-ever civil society-banking sector venture in the pursuit of inter-sectoral collaboration on NCDs in Cameroon, and one led by the Secretariat organisation of the CACSNA. The initiative demonstrates how the social responsibility interests of a corporate entity can be channelled to address the global call to move from commitments to action.

RESULTS

Based on screening data and testimonials from the activities, the initiative yielded some concrete outputs.

- Approximately 4,500 people received NCD information through the mass media and public events.
- NCD awareness was increased among the bank staff, clients and the community at large.
- 570 people were screened for NCD risk factors and 451 people for breast and/or cervical cancer.
- Of these, 93 people were detected to have elevated blood pressure, 20 high blood sugar; and 353 were obese (BMI > 24.9 kg/m²). 26 women had pre-cancerous lesions, one women had a suspected case of cervical cancer, 13 women had breast masses, and one had suspected breast cancer.
- An estimated 1,000 people participated in the health walks across the three cities.

CHALLENGES, ENABLERS AND LESSONS LEARNED

Involvement of PLWNCDs, local athletes, and the Ministry of Sports and Physical Education made the events multi-sectoral, creative and meaningful. Administrative approvals from the government made the public events possible, and involvement of mainstream and social media enhanced the visibility of activities and helped to create greater awareness.

The initiative intended to cover all 10 regions in the country, but security and funding concerns limited it to three in the first year. Certain planned activities like mobile caravans and entertainers at events for greater community outreach could not be executed due to lack of resources.

Approvals for public events were slow and expensive, further constraining the budget. The planning phase was short, and this caused certain activities to be suspended, rushed, or result in lower impact. The clarity of goal and the unity of purpose among the civil society and private sector partners, including CACSNA, helped to overcome these barriers to a great extent.

The health talks, screening and counselling also brought to light myths and cultural beliefs associated with NCDs, even among the educated members of the community, as well as the youth perception of NCDs as diseases of the old with the resultant disregard for sensitisation and screening. This speaks to the need to increase public awareness, particularly among youth.

The initiative, involving the bank staff and clients, showed the potential to achieve NCD education in the course of daily life. It demonstrated how targeted information for diverse groups in different milieu can help create awareness on NCDs. The initiative also reveals the potential of opportunistic screening for early detection of persons at risk of developing NCDs and the potential of low-cost events by different sectors to advance the NCD agenda.

BRIDGING THE GAP

The activities of this initiative contribute directly to attaining the targets 1 to 7 of the 25X25 WHO NCD Global Action Plan, and indirectly to achieving SDG targets 3.4 and 3.5. The initiative is also in line with the national and global agenda calling for a whole-of-society approach and multi-sectoral collaboration in the response to NCDs.

This initiative demonstrates ways to leverage corporate social responsibility interests for providing NCD awareness and screening in people’s daily course of life, with a positive impact on the community at large.



EcoBank staff warm up for the health walk outside its Bonanjo branch in Douala, October 2019.

Involving People Living with NCDs and youth in the NCD Advocacy Agenda in India


The Healthy India Alliance has been making efforts to improve the involvement of youth and PLWNCDs in the NCD response through the building of a national Advocacy Agenda for PLWNCDs, as well as documentaries and public campaigns. These initiatives have highlighted their priorities and contributed to skill building, with the aim to engage in and influence the NCD discourse. Networks of youth and PLWNCDs are in preparations to be launched in 2020 and the India Advocacy Agenda of PLWNCDs in December 2019.

INITIATIVE

Prioritising involvement of youth and PLWNCDs in action around NCD prevention and control in India

ALLIANCE

Healthy India Alliance (HIA), a network of 13 member organisations formed in 2015

 healthyindiaalliance.org

COUNTRY

India

DATE

May 2017 to March 2020

ACTIVITY



Primary

Building demand through transformative social movements and voices of change



Secondary

Saving lives through transformative policies and solutions

CASE SUMMARY

Prompted by the global and national discourse on the need to create platforms for the voices of PLWNCDs and youth at the intersection of NCDs, UHC and the SDGs, the HIA launched a three-fold initiative.

Firstly, the HIA sought meaningful involvement of PLWNCDs in framing a national agenda for action¹³. A situational analysis of PLWNCDs in 2017 identified their concerns in engaging with healthcare professionals and policy makers and the desired support. The same year, five alliance representatives were trained at the NCDA Our Views, Our Voices Geneva workshop and contributed to further activities under the initiative.

In 2018, the alliance's Working Group on Meaningful Involvement of PLWNCDs and Palliative Care worked with members at the state level to organise four regional consultations with PLWNCDs and relevant CSOs towards developing an India Advocacy Agenda of People Living with NCDs, framed around the global NCDA's Advocacy Agenda of PLWNCDs¹⁴. The India Advocacy Agenda was expected for release in December 2019 during HIA's Third Civil Society Consultation on NCDs and further dissemination is planned in 2020.

Secondly, following participation in the NCDA's 2019 Our Views, Our Voices Train-the-Trainer workshop, HIA's Our Views, Our Voices team conducted training workshops equipping PLWNCDs with skills to share their stories and build a public narrative for action on NCDs. Two of the trainees from the first national training were resource people at the second training. One of the trainings focused specifically on young PLWNCDs. They shared the impact of these conditions on their professional and personal lives, including its sociocultural and financial implications.

¹³ This was supported by the NCD Alliance Advocacy Institute Accelerator Programme.

¹⁴ The global NCD Alliance's Advocacy Agenda of PLWNCDs was built with the generous input of 1,893 people living with NCDs who took part in the Our Views, Our Voices consultation efforts in 2017. It can be accessed here in English and Spanish: <https://ncdalliance.org/resources/advocacy-agenda-of-people-living-with-ncds>

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HIA facilitated a platform for CSOs, PLWNCDs and youth to understand each other's advocacy priorities and challenges with respect to the prevention and management of NCDs. The initiative was an attempt to develop a public narrative from the sub-national level, and amplify it at the national level. The initiative has been an attempt to create an inclusive action agenda of PLWNCDs and youth, threading together NCD priorities within the broader SDG and UHC frameworks.”

Ms Prachi Kathuria,
Coordinator-Secretariat of the Healthy India Alliance

Furthermore, the alliance supported PLWNCDs to share their experiences and views via the NCDA ENOUGH. campaign ahead of the 2019 UN HLM on UHC, and a micro-documentary¹⁵ was developed as part of NCDA's Our Views, Our Voices initiative.

Lastly, the initiative mobilised youth in NCD advocacy events; about 300 youth and PLWNCDs participated in the global #YouthWalkTheTalk campaign, and six events in Delhi schools were held during NCDA's 2nd Global Week for Action on NCDs (September 2019). The latter included a health walk in the community to raise awareness on air pollution, a Zumba dance session, discussions on mental health concerns with teachers, and risk factor interventions with support staff. Advocates with lived experience of NCDs engaged the students in health promotion and NCD prevention messaging while promoting the ENOUGH. campaign. The alliance is currently forming networks of youth and PLWNCDs to ensure the long term sustainability of the initiative.

¹⁵ The NCD Alliance produced two micro-documentaries in 2019 together with the Ghana NCD Alliance and Healthy India Alliance as part of its Our Views, Our Voices initiative, and thanks to its partnership with Access Accelerated. Access them here: <https://ncdalliance.org/news-events/news/new-our-views-our-voices-mini-films-from-ghana-and-india-launched>

ANALYSIS

POWER OF ALLIANCES

The initiative enlisted the support of health and non-health organisations beyond the HIA membership to promote the lived experience of PLWNCDs and their meaningful involvement in the alliance's strategy. 82 PLWNCDs and 43 CSOs contributed to the development of the India Advocacy Agenda of PLWNCDs. The HIA members from different states led the regional consultations and coordinated participant mobilisation, logistics and material development. The participation of PLWNCDs and HIA members was central to the process and finalising the advocacy agenda.

The youth activities led by schools with HIA's technical inputs involved students, teachers and parents. Across the events, around 2,700 youth and 600 parents participated in the campaign.

INNOVATION

The initiative built on NCDA's resource materials on meaningful involvement of PLWNCDs, particularly the global Advocacy Agenda of PLWNCDs. It strategically utilised the opportunity to participate in two micro-documentaries filmed as part of the NCDA's Our Views, Our Voices initiative (one in 2017 and another in 2019), showcasing the importance of the lived experience with NCDs for advocacy.

The Our Views, Our Voices country trainings for PLWNCDs aimed to engage them as spokespeople in building a public narrative on NCDs. Selected trainees from the first training were engaged as resource people in the subsequent training and their involvement in other emerging opportunities is currently underway. One of the trainings creatively focused on issues of young PLWNCDs and explored their engagement as caregivers, while promoting greater mental health awareness.

RESULTS

A major outcome of the initiative has been HIA's recognition of PLWNCDs and youth as important stakeholders in civil society discussions on NCDs. HIA has submitted a draft document with Guidelines for the Engagement of Civil Society Organisations in the National Response to Non-Communicable Diseases, currently under revision by the Ministry of Health and Family Welfare and the WHO Country Office for India. The guidelines seek to identify PLWNCDs as central to the multi-sectoral and whole-of-society approach in meeting the national and global NCD targets.

This initiative also led to the development of the India Advocacy Agenda of PLWNCDs, which was scheduled for release in December 2019. This Advocacy Agenda serves as a reference point for the alliance to guide the involvement of people with lived experiences in the NCD action. The process of developing a collective agenda has also helped in mobilising different stakeholders to promote prevention, treatment and palliative care in health systems.

CHALLENGES, ENABLERS AND LESSONS LEARNED

The initiative benefitted from several global campaigns on NCDs, while HIA presented a convening platform for the involvement of PLWNCDs and for engaging youth in NCD advocacy at the national level. The programme output has been the result of synergistic efforts between stakeholders at the state, national and global levels, including NCDA.

Sustained involvement of interested stakeholders across the country proved challenging. Significant time was utilised to build an understanding of the interlinkages between NCDs, UHC and SDGs among PLWNCDs and youth. Through the initiative, the alliance realised the critical need for member organisations across various states/regions of the country to lead action on the ground and inform national level activities.

BRIDGING THE GAP

PLWNCDs and youth need to be important stakeholders in operationalising India's multi-sectoral NCD action plan. The work under this initiative is a stepping stone in this direction. This initiative consolidates HIA's sub-national efforts made since 2015 by ensuring the voice of state level partners in NCD policy discussions. It also contributes to strengthening the 2018 UN HLM on NCDs agenda by aligning national action to the global discourse, including the recognition of the 5x5 approach (five main NCDs including mental health, and five risk factors including air pollution). HIA has utilised the opportunity of this initiative to garner broader non-health and development sector partners for accelerated action towards achieving targets on NCDs and UHC, as well as the SDGs.

This initiative's efforts to make in-roads and involve PLWNCDs and youth in shaping their advocacy agenda and voicing their views presents a pathway for engaging broader key groups who are at risk or vulnerable to NCDs in the country.

Youth promoting the ENOUGH. campaign during the 2019 Second Global Week for Action on NCDs.



Equipping youth for NCD advocacy in Slovenia



Led by youth network No Excuse Slovenia, a member organisation of the Slovenian NCD Alliance, the initiative runs a multi-level awareness and activism programme building a country-wide youth movement for NCD and drug prevention advocacy, which led to the establishment of the alliance itself. Its key pillars include youth trainings, policy-oriented research, policy advocacy, media advocacy and impact monitoring, and raising standards of civil society interventions. It has yielded results with tobacco and alcohol laws and played an important part in advocacy on cannabis prevention, thus contributing to a broader NCD prevention and control agenda.

CASE SUMMARY

Expanded government funding for NCD prevention in 2017 enabled No Excuse Slovenia (NES) to expand its team, increase the scope of its work, and network with other NCD-related organisations in the country to establish the Slovenian NCD Alliance in 2019.

Building on its earlier advocacy for tobacco control policies, this initiative aimed to equip Slovenian youth with competencies (knowledge, attitude and skills) for active social engagement in reducing addictive behaviours and promoting wellbeing. A youth-led, youth-serving initiative, it runs a multi-level youth training programme¹⁶ in 200 schools across the country's 12 regions.

Beginning with a basic awareness session on NCD risk factors in one-third of the Slovenian schools, the training escalates to attitude-forming sessions on NCD concerns informed by the schools and local health trends. The sessions expose students to the tactics of different unhealthy commodity industries and de-normalise their products and services, thus aiming to prevent their use or delay onset.

At the next level, a motivational workshop by previously trained youth encouraged students in the country's 100 high schools to be agents of change. Through a competitive interview, the programme recruits roughly seven students from each region a year for 1,000 hours of its activism programme. This facilitates hands-on skill building, ranging from mental wellbeing, public speaking and project management to negotiations and debate.


As part of real-life training, the activists volunteer as test purchasers in monitoring compliance of youth tobacco restrictions, undertake campaign advocacy for alcohol policies, develop youth manifestos (on topics such as cannabis regulation), run training sessions for youth, and promote mental health among their peers. The initiative, along with its partners, also undertakes research for policy advocacy and results are shared with media and decision makers.

INITIATIVE

No Excuse Slovenia efforts towards the Slovenian NCD Alliance

ALLIANCE

Slovenian NCD Alliance, a coalition of youth, prevention, heart and tobacco control networks, formed in 2019

 noexcuse.si


COUNTRY


Slovenia

DATE

January 2017- to present

ACTIVITY

 **Primary**
Building demand through transformative social movements and voices of change

 **Secondary**
Saving lives through transformative policies and solutions

¹⁶ Details of the training workshop can be accessed here: <https://www.noexcuse.si/katalog-delavnic>

The initiative drew on the inputs of other NCD organisations in the country for youth and staff training, like the Institute Utrip (Prevention Platform), Slovenian Heart Foundation, and Slovenian Coalition for Health, Environment and Tobacco Control. These interactions led to their initial networking and eventually the establishment of the Slovenian NCD Alliance in 2019. Members of the alliance continue to contribute to the events and speak at its media interactions. The initiative's commitment to evidence-based work has meant that it also advocates measuring its prevention programmes for effectiveness.

“

This initiative has brought us several moments of success, from seeing how a young person becomes a passionate advocate for public health to winning Parliamentary votes in response to strong advocacy. We still have many challenges in bringing quality [NCD] prevention programmes to more students and to advocate among other organisations to close ineffective ones. Last but not least, many industries are knocking on the door of the Slovenian Parliament and we are there to explain why they should not let them move freely.”

Urška Erklavec,
President, Slovenian NCD Alliance and Former
President, No Excuse Slovenia

ANALYSIS

POWER OF ALLIANCE

The initiative brought together young people to work for young people. Its internal network consists of local youth branches and two content organisations: Youth Association (YA) for Health Promotion and YA for Sustainable Development. They coordinate with the broader Slovenian youth organisations (e.g. Scouts, Slovenian Organisation for Youth Centers, Network of Youth Clubs) to empower youth to address NCD prevention and the behavioural factors leading to the major NCDs.

Some of the Slovenian NCD Alliance members work with young people in different localities, while others bring their expertise to specific interventions such as health promotion or sustainable development. Non-youth member organisations in the alliance join the trainings, seminars and media briefings.

The alliance also coordinates with key external stakeholders, such as the Ministry of Health, to partner in advocacy and financing. The National Institute for Public Health serves as a scientific partner on research projects like the assessment of e-cigarettes use among youth or social costs due to alcohol and tobacco, while the University of Ljubljana - Faculty of Social Sciences helps in research on social marketing approaches to increase compliance with the law banning the sale of tobacco and alcohol to minors.

INNOVATION

The initiative has been creative in simultaneously preventing unhealthy behaviours among youth, undertaking policy advocacy and creating movements for social change. As a youth alliance, the initiative is sensitive to youth interests and needs, and has been agile in regularly improving its programmes. The initiative has also been innovative in exposing the industry as a means to motivate youth in addressing the NCD risk factors.

The initiative is sustained by a strong activist drive and is run on many volunteer hours. Young people are not only the beneficiaries of this initiative, but leaders in initiating, designing and carrying out its activities. They receive mentoring and guidance in formulating projects and evaluating impact in line with prevention science.

RESULTS

In three years, the initiative reached over 10,000 youth from 200 schools across all regions of Slovenia. The training has yielded 100 public health activists, creating a cadre of change agents in the NCD area. Preliminary assessments suggest that the activism programme has been effective in delaying the use of alcohol and preventing the use of cannabis and tobacco among its participants. A comprehensive programme evaluation is anticipated in 2020-2022.

Notably, the initiative facilitated the birth of a formal Slovenian NCD Alliance involving all the country's NGOs working on NCDs. The movement building efforts have brought the initiative recognition as a point of reference for NCDs in Slovenia.

The initiative experienced major advocacy successes such as with the tobacco and alcohol policies and against the tobacco industry's attempt to stall plain packaging. The initiative has also been successful in finding financial resources from the Ministries of Health and Education and from local municipalities where the alliance members are active.

Empowering and building the capacity of young people, to shift from being passive recipients of knowledge to active agents for NCD policy change, is a model for awareness, behaviour change and advocacy initiatives across the board.

CHALLENGES, ENABLERS AND LESSONS LEARNED

The initiative's multi-level approach has been both a barrier and an opportunity, as it required the team to learn multiple skills ranging from human resources (managing large teams of staff, youth workers and activists), and designing youth work (working with activists and in schools), to financial management (managing large budgets), prevention science (programmes in schools), social marketing (to research alternative approaches to stimulating law compliance), advocacy, and campaigning.

Increased funding has also meant greater responsibility towards employees to ensure pay checks in the unstable Slovenian NGO sector, as the alliance does not accept private funding.

Most importantly, the alliance learned about the need to advocate for measuring impact for effective prevention programmes. The increased public funding for prevention has increased calls for greater accountability through efficient and effective programming.

BRIDGING THE GAP

The initiative directly impacts the promotion of strong and grassroots NCD civil society movements involving young people across the country. It addresses the goals of reducing alcohol consumption and smoking in the national NCD plan and WHO NCD Global Action Plan's 25x25 targets, and indirectly addresses other unhealthy habits. Its focus on NCD prevention advocacy implies that it also addresses Goal 3 in the 2030 Sustainable Development Agenda.



Trained youth activists campaigning in Radenci, Slovenia, 2019.

Educating girls and women on reproductive health-related NCDs in Tanzania

The Tanzania NCD Alliance conducted awareness sessions on reproductive health-related NCDs among girls and female teachers in two schools in two cities in the country. Student champions were equipped and engaged to educate their peers. Additionally, women teachers living with NCDs shared their experiences to inspire healthy lifestyles. The champions would further advocate integration of relevant NCDs in the country's reproductive health programmes.

INITIATIVE

Female-patient driven prevention and advocacy for an improved approach to reproductive health-related NCDs among schoolgirls and women in Tanzania

ALLIANCE

Tanzania NCD Alliance, a coalition of 12 organisations established in 2012



@tanccda

COUNTRY

Dar es Salaam and Arusha, two of the largest cities in Tanzania

DATE

November 2018 to present

ACTIVITY



Primary

Building demand through transformative social movements and voices of change



Secondary

Saving lives through transformative policies and solutions

CASE SUMMARY

Sub-Saharan Africa accounts for close to 60% of global maternal deaths, and Africa at large suffers from a high stunting rate of 40% in children less than five years. Meanwhile, NCD-related death rates among African women are double that of high-income countries. However, Tanzania has paid little attention to these linkages and the resultant absence of NCD prevention and control measures in its reproductive health (RH) programmes. This is notwithstanding the focus of Tanzania's development plan, Tanzania Development Vision 2025, which includes access to quality RH services, reduction of infant and maternal mortality, and gender equality and empowerment among its key health priorities.

The Tanzania NCD Alliance (TNCDA) wanted to leverage the plan's emphasis on women's health to seek the integration of NCD services in the country's RH programmes. The rising rate of cervical cancer among young women, the need to prevent gestational diabetes and hypertension, and the centrality of women's role and health in family wellbeing, prompted an initiative to empower secondary school girls and women affected by or at risk of RH-related NCDs by educating on healthy living, safe motherhood, NCDs and pregnancy, also advocating for their rights.

The initial intervention targeted about 1000 girls at one school in each of the Tanzanian cities of Dar es Salaam and Arusha. The initiative originally intended to focus on creating select "champions" who would empower others in schools, but modified its approach on request of the school managements to educate all students.

Initially, the TANCDA educators taught teachers and girls about NCD risk factors, steps to healthy living for healthy motherhood and babies, NCDs during pregnancy, and their prevention through daily exercise and avoidance of alcohol, smoking and unhealthy food. The Medical Women's Association of Tanzania (MEWATA), a partner organisation, provided specific inputs on RH-related NCDs, their risk factors, and prevention measures.

Around 16 people living with NCDs, six teachers and three youth included, shared their lived experience and motivated their respective peers in the intervention schools. Around 35 inspired participants also received further training and educational materials to become peer educators in RH-related NCDs, and ultimately work for integrating NCDs in RH programming. The trained champions organised role-plays on NCD issues, which helped to validate their learning from the programme.

“

I hereby thank TANCDA for the initiative educating the teachers and girls of my school. This is a great initiative in combating the growing burden of NCDs in RH. As the saying goes, “samaki mkunje angali mbichi” (If you want to bend a fish, do it when it's fresh). Teaching the young ones on NCDs will enrich the future generations with healthy lives and promote their wellbeing, as these are the mothers of tomorrow.”

Deputy Head Mistress,
Zanaki Secondary School, at TANCDA's 2019 Annual General Body Meeting

The champion students received a peer education opportunity at another secondary school in Dar es Salaam. There they shared their knowledge on NCDs with their peers and conducted exercises on risk factors that contributed to RH-related NCDs. Meanwhile, the women living with NCDs received inputs from TANCDA educators about better disease management and risk reduction.

Through this initiative, TANCDA has developed a model supporting young girls and women to become peer educators on RH-related NCDs, and ultimately work for integrating NCDs into broader RH education. Further follow-up is underway with the trained girls to see their progress, challenges and opportunities for networking with their peers in delivering NCD information.

The initiative, currently funded with the support of the Danish NCD Alliance, intends to be sustained through integration in the national NCD and RH programming. To this end, TANCDA participated in the development of the national NCD programme and emphasised the inclusion of a school health programme.

ANALYSIS

POWER OF ALLIANCES

TANCDA's member associations work on various NCDs and their risk factors. At the school programmes, the alliance members addressed issues pertaining to their respective expertise on NCDs and RH. Some members also helped in enlisting women teachers living with NCDs to share their experiences at the schools. Similarly, Tanzania Diabetes Youth Alliance, a TANCDA member, helped in recruiting youth living with NCDs to enrich the programme.

The intervention also coordinated with the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and the President's Office - Regional Administration and Local Government (PO-RALG), when obtaining permissions to implement the intervention.

INNOVATION

The initiative was unique in engaging women teachers living with NCDs to draw attention to issues faced by young girls and women. Presenting the issues through the voices of peers and those of the same gender brought the issues closer to the target groups, thus improving chances for reception and response. It also innovated by engaging the students and teachers trained from the programme as champions in empowering their respective peers on RH-related NCDs.

The alliance was strategic in drawing on the experience of the Medical Women's Association of Tanzania in educating women on RH issues linked to cervical and breast cancer and HPV vaccination.

CASE STUDIES

Building demand through transformative social movements and voices of change

RESULTS

- 1,000 schoolgirls, their teachers and parents will benefit from the increased knowledge on healthy living and NCD prevention.
- 25 students in Dar es Salaam and 15 in Arusha joined the movement as champions, improving their confidence and ability to be influencers.
- The initiative also helped to connect people living with NCDs with experts, update their knowledge, and boost confidence in managing their conditions.
- The empowered schoolgirls and women affected by or at risk of developing RH-related NCDs have meant more advocates and change agents in the local communities.
- The interaction with the various government ministries, school managements, youth and RH-related organisations have created an enabling environment for further advocacy with the government for integration of NCD services in RH programmes.

CHALLENGES, ENABLERS AND LESSONS LEARNED

The initiative received strong collaboration from the health ministry and PO-RALG, school headmistresses, youth alliances, and other stakeholders that made the intervention feasible.

There is a risk that the alliance might not be able to raise resources to scale up the model, due to lack of national and global funding opportunities. The initiative mitigates this risk through its information transfer chain model, which empowers girls and women to disseminate the knowledge to their peers in schools, homes and further in the communities.

BRIDGING THE GAP

This initiative empowering girls and women on NCD prevention adds a gender perspective to NCD action, and relates directly to SDG 3 pertaining to healthy lives and wellbeing, and to SDG 4 that calls for inclusive and equitable quality education and lifelong learning opportunities for all. The initiative contributes specifically to the country's Development Vision 2025 and supports the reduction of infant and maternal mortality and empowerment of women through education on RH-related NCDs. More broadly, it aligns with Tanzania's Health Sector Strategic Plan (HSSP) Phase IV, aiming to promote health services.

This initiative inspires NCD awareness generation programmes to adopt a gender-based approach, and to plan and implement an information transfer chain from recipients to the broader community for maximum reach



NCD champion student raising awareness among secondary school peers, September 2019.

SUB-THEME 3

ENHANCING ACCOUNTABILITY THROUGH TRANSFORMATIVE AND INCLUSIVE GOVERNANCE



Sensitising the general public and jurists about Brazil's tobacco liability lawsuit

Following the Brazilian government's liability lawsuit holding the tobacco industry accountable for its health harm, ACT Health Promotion, the national NCD alliance, launched a campaign presenting the health costs from tobacco related harm by involving opinion leaders, and engaging a wide array of platforms to inform the public and the legal community. It sets a valuable precedent on NCD litigation processes for the country and the region.

INITIATIVE

#ContaDoCigarro Campaign

ALLIANCE

ACT Health Promotion, a coalition of 80 organisations formed in 2001

 actbr.org.br

COUNTRY

Brazil

DATE

May 2019 to present

ACTIVITY



Primary
Enhancing accountability through transformative and inclusive governance



Secondary
Building demand through transformative social movements and voices of change

CASE SUMMARY

Brazil's economy suffers a yearly net loss of US \$10 billion, by way of tobacco-related treatment bills, decreased productivity and premature deaths, over the taxes earned from the product. This is happening at a time when its citizens face restrictions on health coverage due to national economic constraints, making it imperative for the State to hold tobacco companies liable for the damage caused by their goods to the country.

To this end, in 2017 Brazil's Attorney General's Office (AGO) began examining the evidence, health costs, international precedence and national options for tobacco-related liability cases. On 20 May 2019, the AGO filed a liability lawsuit against the major Brazilian tobacco companies and their parent international corporations in the State of Rio Grande do Sul, seeking cost recovery for the damages.

The ACT Health Promotion coalition (ACT), the national NCD alliance, had previously mapped tobacco liability lawsuits and organised seminars and guidance for health and legal experts and judges. On 29 May 2019, the alliance launched a campaign "#ContaDoCigarro" (the cigarette cost) aiming to inform the public about the costs of smoking and stimulate a public discourse on the rationale of the lawsuit. The campaign motto called attention to the unfairness of the public paying the price for the tobacco business.

First, the alliance enlisted Dr Drauzio Varella, a key health "influencer" with significant social media followers in the country (over 1.2 million on YouTube alone), to front the campaign. Across a range of mainstream and social media, Dr Varella and former health minister Jose Gomes Temporao elaborated the reasons for the lawsuit to the public and solicited their views on recovering the country's economic losses to tobacco consumption. YouTube videos¹⁷ and radio spots by the key influencers, alongside regular posts and images on social media (Facebook and Instagram) carried the campaign's messages to the public. The initiative sought the attention of the country's legal community through advertisements on key legal websites, expert opinion pieces in legal magazines, and email promotions on jurists' mailing lists. Additionally, the coalition wrote opinion pieces in newspapers and gave regular media interviews in the context of the lawsuit.

¹⁷ The You Tube videos can be accessed here: https://www.youtube.com/results?search_query=%23ContaDoCigarro



This lawsuit is important for Latin American countries at large. Making the tobacco industry pay for the costs it causes to society can set a precedent for industries dealing in other harmful products and become a game changer in the way the market operates across the region. Raising public awareness about this case and engaging the specialised legal community is key to the sustainability of the world's largest Universal Public Health System, that Brazil has."

Ms Adriana Carvalho,
Legal Director, ACT Health Promotion

The campaign took a participatory approach, inviting viewers across its platforms, including people living with NCDs and other health stakeholders, to record and post a video on social media using the campaign materials on its website¹⁸. ACT members and partners actively promoted these community outreach activities at their seminars, conferences and via social media, and recorded and shared video testimonies in their own networks.

In the first week of November 2019, the campaign embarked on its second phase, hosting two seminars discussing the lawsuit with faculty and students at two law schools in Rio Grande do Sul, where the litigation is progressing. As the lawsuit proceeds through the court, the initiative will continue to follow the issue through communication campaigns and sensitisation of jurists and opinion makers.

¹⁸ The campaign website: www.contadocigarro.org.br

ANALYSIS

POWER OF THE ALLIANCE

This initiative showcases the efforts of the NCD civil society and the government aligning in public interest. ACT presented empirical evidence and international precedents to the governmental discussions on tobacco industry liability. The alliance members, like the Brazilian Medical Association, worked with the government's National Institute of Cancer to co-publish guidance for legal practitioners in approaching tobacco litigation.

The active participation of ACT members in the campaign activities lent it much credibility and reach to the public. Through the network of legal experts in human rights law and health, the coalition accessed legal circles, websites and platforms to discuss the litigation.

INNOVATION

While there is precedent for tobacco liability suits internationally, it is the first attempt of its kind in Latin America, and thus sets an important precedent on NCD accountability in the region. The strategy is a creative means to promote justice for citizens, while having the potential to address the public health resource gap.

The campaign strategies also reflect creativity in public engagement. The invitation to create and post videos using the campaign materials helped create a sense of ownership among the public in holding the industry accountable for its actions, while indicating the level of public interest in the issue.

RESULTS

Through the multi-platform campaign, the initiative managed to expose the damages caused by the tobacco industry to the public. The campaign's focus on tobacco-related costs is helping dispel the argument that the tobacco industry pays sufficient taxes.

If successful, the concerned liability lawsuit could set the precedent for cost recovery for damages from other health harming products and raise the need for holding them accountable for the risks posed to NCDs.

The campaign has registered significant public engagement: there have been over five million social media exposures on screens; over three million people have seen the campaign at least once, there have been over one million views of the campaign video, and the campaign website has recorded over eight million visits.

CHALLENGES, ENABLERS AND LESSONS LEARNED

The pro bono participation of Dr Drauzio and the former MOH helped the campaign to save costs, releasing resources for broader dissemination of the campaign products. The radio spot is also being disseminated through pro bono partnerships. The social media campaign used a highly influential platform with about 13 million followers.

The significant financial resources required to disseminate the campaign through mass media in a country of continental proportions presented a serious challenge to the initiative. Additionally, the tobacco industry is a litigator known to frequently contest NCD public policies before the courts. It routinely appeals against court decisions, which could delay the case development. Also, the industry has at its disposal the best law firms and a multitude of lawyers, in addition to lobbyists with access to superior courts. This could mean a long-drawn process that necessitates maintaining the campaign over an extended period of time.

BRIDGING THE GAP

Tobacco control is a target in Brazil's national NCD plans and in the 2030 Agenda, which specifically mentions NCDs in its target 3.4 and strengthening the WHO FCTC in target 3.a. While Brazil has made concerted efforts in implementing public policies to comply with the treaty, the lawsuit at the centre of this initiative is an effort to operationalise its Article 19, calling for measures to deal with criminal and civil liability of tobacco companies.

The 2030 Agenda also calls for innovative means to finance the SDGs. This campaign's support to industry liability action is an innovative way of seeking resources that can be used for NCD policies and programmes, and the SDG implementation. The resources from the cost recovery can also contribute to guaranteeing public access to NCD and other health services. The potential resources from the cost recovery is meant to go to the National Health Fund that finances the national health system, and can help fill the gap in financial resources to enhance action on NCD risk factors.

This lawsuit has the potential to become a precedent in recovering the cost for externalities caused by NCD-related harmful products more broadly, and thus can have a restraining effect on other health harmful industries linked to other NCD risk factors, and influence the public and policy maker perception of these corporations.



Health professionals promoting the campaign in Rio de Janeiro.



A conta não fecha. Por ano, o país gasta cerca de R\$ 57 bilhões com despesas médicas e de produtividade relacionadas ao cigarro. A indústria do tabaco só paga R\$ 13 bilhões em tributos. Ou seja, um rombo de R\$ 44 bilhões para o sistema de saúde brasileiro.

É uma conta imoral. Porque enquanto a indústria lucra, deixa os prejuízos para a população pagar.

Um prejuízo que não é só financeiro. São 428 mortes por dia relacionadas ao tabagismo. São hospitais, tratamentos, medicamentos, leitos, médicos, enfermeiros, equipamentos que acabam faltando em nosso país.

Chegou a hora de pararmos de pagar essa conta. O Estado brasileiro tem que cobrar a indústria do tabaco.

Ajude a mudar essa situação. Participe. Grave um vídeo lendo este texto nas suas redes sociais e compartilhe esta ideia com a tag #ContaDoCigarro



Advocacy campaign add part of the #ContaDoCigarro campaign that says 'With the tobacco industry, Brazil is lost'.

Building an accountability framework for childhood obesity policies in the Caribbean



The Healthy Caribbean Coalition developed an accountability framework to track and promote progress on governments' commitments in tackling the region's childhood obesity. An online policy-tracking platform and scorecard, CSO training, public involvement in accountability initiatives, technical support for managing conflicts of interest, and high-level advocacy formed the hallmark of this initiative. It has resulted in a unique civil society accountability initiative used by decision makers to assess NCD and obesity policies in the Caribbean.

CASE SUMMARY

In response to the rising prevalence of childhood obesity in the region, HCC's civil society action plan for 2017-2021 is based on several WHO NCDS best buys, and seeks taxes on sugar sweetened beverages (SSBs), bans on their sale and marketing in schools, and mandatory front-of-package food labelling. Politically, several heads of governments and ministers of health from the region have publicly acknowledged the crisis and pledged action.

Building on this political momentum and its strategic plan, the HCC developed an Accountability Framework for Childhood Obesity Prevention in the Caribbean consisting of five pillars¹⁹.

1. Mapping regional and national political commitments

An online database captures and tracks progress on nutrition-related commitments made by high-level policymakers every quarter. A Childhood Obesity Prevention Scorecard (COPS)²⁰, developed consultatively with HCC stakeholders, provides a monthly snapshot of emerging policies.

2. Capacity development of HCC member CSOs and youth

HCC core staff and experts conduct webinars and regional meetings to improve their policy awareness, advocacy skills and ability to engage with the COPS platform.

3. Engaging public in accountability initiatives


The "Too Much Junk" campaign,²¹ involving champions, social media and national CSOs, gathered public signatures from 24 CARICOM countries on an online call to action petition directed at heads of governments to enact effective nutrition policies that can reduce childhood obesity.

INITIATIVE

Civil Society Accountability Framework for Childhood Obesity Prevention Policies in the Caribbean

ALLIANCE

Healthy Caribbean Coalition (HCC), a regional coalition of over 100 organisations from the Caribbean region established in 2008

 healthycaribbean.org

COUNTRY

Caribbean Community (CARICOM)

DATE

October 2017 to 2021

ACTIVITY



Primary
Enhancing accountability through transformative and inclusive governance



Secondary
Building demand through transformative social movements and voices of change

¹⁹ The Accountability Framework for Childhood Obesity Prevention in the Caribbean is available here: <https://www.healthycaribbean.org/wp-content/uploads/2019/12/HCC-CSO-Accountability-Framework-for-COP>.

²⁰ The 'Childhood Obesity Prevention Scorecard' is available here: <https://www.healthycaribbean.org/wp-content/uploads/2019/12/COPS-Grid-December-2019-WEB.pdf>

²¹ The 'Too Much Junk' campaign website can be accessed here: <https://www.toomuchjunk.org/>

Similarly, My Healthy Caribbean Schools (MHCS) online platform²² enables the public track and reports the implementation of national or facility-based nutrition regulations in school settings, for follow-up by relevant ministries.

4. Guidance on conflict of interest (COI) and industry interference

Beginning with a mapping of the food and beverage industry, an industry monitor further identifies industry interference in public health policymaking, COI and marketing to children. These are countered through national level advocacy and social media, and will soon be disseminated through a newsletter.

5. High-level advocacy for policymaker accountability

In addition to direct letters to heads of government, HCC launched A Civil Society Call to Urgent Action to heads of governments in the Caribbean to accelerate nutrition policies creating healthy environments for Caribbean children.

The strategic plan for the next two years will update the accountability tools, train the public sector and CSOs on COI, and continue mapping and countering of industry interference.

“

Through this initiative, the HCC has brought into sharp focus the need to hold regional governments accountable for the commitments they have made in tackling childhood obesity in the Caribbean and the need to recognise and manage conflict of interest in the multi-sectoral approach to addressing nutrition. The results to date have clearly demonstrated the powerful role of civil society in ensuring that policymakers are held to the highest standards of accountability in this regard.”

Sir Trevor Hassell,
President, Healthy Caribbean Coalition

²² The 'My Healthy Caribbean Schools' online platform can be accessed here: <https://www.healthycaribbean.org/cop/rate-my-school.php>

ANALYSIS

POWER OF ALLIANCES

The accountability platforms engage HCC civil society members, technocrats and policy makers in countries to share local intelligence, verify information and initiate follow-up on nutrition policies. This has led to governments using the COPS platform to source regional and global examples of policies and takes cases of COI/interference from the HCC interference monitor to guide policy formulation. One Ministry of Health is even using the MHSC platform as a monitoring and evaluation tool in its work.

The accountability platforms have leveraged key NCD international collaborations: WHO-PAHO in the COI work and the development of the COPS and the MHCS online platform; and HCC benchmarking capacity development through collaboration with the NOURISHING database and CO-CREATE project of the World Cancer Research Fund International. The NCDA helped in developing the strategic plan and ongoing tracking via the COPS platform; and the Caribbean Development Bank in COPS capacity development of CSOs. The Caribbean Public Health Agency (CARPHA) and CARICOM Secretariat Health Desk, partners in the public sector including NCD focal points, are central to the success of this accountability initiative.

INNOVATION

This is a first of its kind civil society-led accountability initiative on NCDs and health in the Caribbean. Moreover, there has been no other exploration of COI within the context of NCD public policy making or mapping of industry actions in public health policy interference in the region.

The initiative has also been innovative in consulting diverse stakeholders in its design and implementation, inspiring a sense of ownership and buy-in to ultimately increase the utility of various platforms. HCC has strategically convened stakeholders with political connections and intelligence in its regional meetings. Building relationships with key political actors and gatekeepers, such as with CARICOM and national governments, and working with regional and global NCD specialists in the area of benchmarking for childhood obesity prevention and in the area of COI, have been the hallmarks of this initiative.

RESULTS

- Expanded access to information on the COPS platform, with over 4200 views since its launch in June 2018.
- Increased engagement of CSOs in supporting social media campaigns, high-level policy maker advocacy, and use of the various tracking tools.
- Engagement of the general public in accountability initiatives, with 659 public ratings of schools on the MHCS platform.
- Increased capacity of the HCC to effectively hold governments and public institutions accountable for COP political commitments.
- Greater awareness among HCC target groups (CSOs, public sector, and private sector) of strategies to identify and manage COI in the Caribbean.
- In 2018, CARICOM Ministers of Health informally endorsed the COPS platform at the 71st World Health Assembly.

Major impacts of the initiative have been:

- Invitation to HCC to be an observer at CARICOM meetings (including Health Ministers).
- Regional COP policy wins arising in part out of NCD civil society advocacy for accountability including bans or restrictions on SSBs in schools, impending SSB taxes, and advancement of a potential regional standard on mandatory front-of-package nutrition warning labels.

The initiative will be assessed at the end of 2021 as part of the evaluation of the CSAP.

CHALLENGES, ENABLERS, AND LESSONS LEARNED

The initiative met with low CSO accountability capacity. Limited technical and financial accountability capacity among the NCD civil society in small island communities is compounded by fears of compromising personal and professional relationships with unforeseen social or economic consequences when holding governments accountable and tracking industry interference and COI. Targeted capacity development cultivated this skill among some organisations, but more national support to HCC's regional calls for accountability is desired.

There was also low public accountability practice. Getting the general community engaged in the MHCS platform has been challenging, perhaps due to cultural reasons and limited resources.

There have been some policy wins, but the accountability work to date has been innocuous and shaped by the local environment. In the absence of clear-cut algorithms for identifying and managing COI in the public sector, this may not resolve perceived or real conflicts.

BRIDGING THE GAP

The initiative supports national, regional and international NCD, obesity and nutrition related targets, and plans including the WHO NCD best buys and recommended interventions. At the national level, 4 out of 20 CARICOM countries have national obesity plans, with obesity and nutrition targets. This initiative has helped and encouraged national advocates to work towards country obesity prevention plans, and NCD plans where obesity plans do not exist, to ensure the messaging around accountability includes nationally relevant targets. At the regional level, the initiative aligned well with CARPHA Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014-2019, and the 2014 PAHO Plan of Action for the Prevention of Obesity in Children and Adolescents to address the issue in the region of the Americas. At the global level, the initiative helps advance the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 and the NCD Global Monitoring Framework; recommendations included in the 2016 Report of the WHO Commission on Ending Childhood Obesity; WHO Global Nutrition Targets 2025 United Nations Decade of Action on Nutrition, 2016-2025; and the Sustainable Development Goal 3.4.

This NCD accountability initiative on childhood obesity holds transferable strategies, activities and lessons for holding governments to account on their commitments made on other risk factors, and NCDs more broadly.



Students rating their schools under the My Healthy Caribbean Schools initiative in Barbados.

Eliciting candidates' commitments on NCDs during the 2018 Mexican elections


Seizing the opportunity of simultaneous national and Mexico City elections in July 2018, the Coalición México Salud-Hable launched a campaign to raise the profile of NCDs and hold candidates accountable to NCD commitments in their election manifestos. On one hand, they mobilised public interest through an online platform, and publicised candidate positions on NCDs. On the other, they approached candidates with a civil society agenda for action for uptake in their manifestos. This campaign led to increased public and political recognition of NCDs, and UN recognition for its impact on NCD prevention and control.

INITIATIVE

#VotoSaludable (#HealthyVote) campaign

ALLIANCE

Coalición México Salud-Hable (Mexico Salud-Hable Coalition, MSHC), a network of over 50 organisations formed in 2012

 mexicosaludhable.org

COUNTRY

Mexico (country), and Mexico City

DATE

December 2017 to February 2019

ACTIVITY



Primary

Enhancing accountability through transformative and inclusive governance



Secondary

Building demand through transformative social movements and voices of change

CASE SUMMARY

Mexico was gearing up for its national presidential election and the Mexico City mayoral race in July 2018, but NCDs were not visible in the public discourse and the candidates' manifestos. The Mexico Salud-Hable Coalition (MSHC) seized the election season to raise the political profile of NCDs with a dual strategy targeting the voting public and the election candidates.

The #VotoSaludable (Healthy Vote) public campaign sought to raise interest in NCDs among voters and help them consider candidates' positions on NCDs to make an informed choice at the election. In April 2018, the #VotoSaludable online platform, comprising of a dedicated website²³, Facebook page, Twitter and YouTube channel, was launched at a press event that drew much media attention.

The initial social media messages carried a hook to attract the public to the platforms. This was followed by action-oriented messages on key NCD facts, policy issues and demands using attractive infographics. Additionally, the online platform encouraged voter participation through buttons launching pre-set tweets to candidates seeking clarity on their health and NCD agenda, as well as calls for public support to the NCD policy demands. Paid publications on social media augmented the efforts.

Simultaneously, the MSHC called on candidates to publicise their proposals addressing NCDs. It monitored, verified and published the statements and manifestos of all candidates on the website to inform citizens about candidate positions on NCDs.

Meanwhile, the coalition decided to publish its own agenda for action on NCDs to inform and influence the formulation of candidate positions. Its secretariat held three consultations with members, people living with NCDs and youth organisations, over a four-month period in 2018. It prioritised recommendations contributing to achieving the NCD-related SDGs and those calling to avoid conflicts of interest with unhealthy commodity industries.

“

We ask[ed] the candidates to assume this commitment: to promote actions to prevent noncommunicable diseases and declare they don't have any conflict of interest with the tobacco, sugary drinks, ultra-processed food and alcohol industries”.

Mr Miguel Angel Toscano
from Refleacciona A.C, a member of the Mexico Salud-Hable Coalition.

The resultant 'Agenda Saludable' (Healthy Agenda) was published at an April 2018 media event. The MSHC delivered its physical copies to candidates' campaign offices and sought meetings with them. A strong social media campaign announced the contacted candidates to the public, tagging candidates on all NCD policy demands, and urging inclusion of NCD prevention in their election manifestos. Following the social media campaign, ably promoted by the coalition members and allies, the National Electoral Institute, in charge of the electoral process and of organising national election debates, included health as a topic for the first time in the final presidential debate, becoming an important win for the coalition.

The promotion of the Healthy Agenda continues to be a priority for the coalition. As part of its continuing accountability efforts, MSHC intends to conduct a mid-term review of the new administration that will be in office from 2018-2024 to determine if and how the elected candidates who committed to the coalition's Agenda have followed through, helping with civil society accountability efforts. It further intends to analyse and publicise ways in which implementation of these commitments can be improved.

ANALYSIS

POWER OF ALLIANCES

The development of the Healthy Agenda and the social media campaign actively involved the coalition members in its accountability efforts. While the coalition's coordinating organisations developed and managed the online platform, members spoke at its launch event and promoted the campaign.

Although not a part of the election-oriented campaign, the initiative was able to draw on the expertise and credibility of the Mexican Congress's Belisario Dominguez Institute and the Pan American Health Organization in organising an initial discussion forum on health and welfare in the context of the SDGs, which resulted in the Healthy Agenda in early 2018.

The initiative was also able to draw on the support of the NCDA Advocacy Institute's Accelerator Programme for the development of the webpage, generating social media materials including paid content, and the media launch of the online platform.

INNOVATION

The coalition innovated by replacing the traditional public discussion forums it organised with candidates during the 2012 election with a digital campaign. This approach eased its dependence on candidates' attendance at forums, while enabling direct engagement and reach of its messages to the public and candidates.

The #VotoSaludable microsite presented a unique digital platform exclusively monitoring and following up on candidates' proposals on NCDs – a relatively new strategy in the global NCD response. The online campaign followed a participatory approach through calls for action on its action-oriented platform, while setting out the expectations from future public officials.

The initiative used Twitter hashtags creatively to gain public and political attention. For instance, it tweeted the hashtag #DebateINESalud (#DebateINEHealth) styled after the official hashtag of the third presidential debate (#DebateINE). Through links to the campaign site, this helped the initiative to attract more visits to the Healthy Agenda and positioned the initiative as a point of reference for NCD prevention. The Healthy Agenda itself was unique in its inclusion of a call to avoid conflicting partnerships between the government and unhealthy commodity industries.

²³ The #VotoSaludable campaign website can be accessed here: <http://mexicosaludhable.org/votosaludable/>

CASE STUDIES

Enhancing accountability through transformative and inclusive governance

RESULTS

The initiative measured the impact and results across different stages of the campaign.

- 38 media representatives attended the campaign launch leading to 68 reports in the news and digital media, including in major national digital news sites. This in turn helped MSHC to estimate the potential reach of the news sites and the nature of their reportage.
- The constant updating and posts increased visits to the campaign website, reaching 200-450 visits on the days of active social media campaigning.
- Social TIC, an organisation that specialises in technology for social change, rated the online campaign as "one of the projects [people] had to know before voting" and as "a tool for informed voting on social issues", recognising the impartiality and usefulness of the campaign information.
- The inclusion of health and NCD issues in the final presidential debate helped to raise the campaign's and the coalition's profile in the electoral discourse, thus creating an enabling environment for further policy discussions on NCDs with the elected representatives.
- The campaign has been internationally recognised, and the Coalition received the UN Interagency Task Force on NCDs Award 2019 in recognition of the campaign's outstanding contribution to multi-sectoral action in NCD prevention and control and to the NCD-related SDGs.

CHALLENGES, ENABLERS AND LESSONS LEARNED

The campaign faced challenges in delivering the Healthy Agenda to some of the electoral candidates who were not open to meetings. Secondly, the campaign team had to ensure that the campaign site carried reliable information for voters on the candidates' positions regarding NCDs. The due-diligence process of verifying through multiple sources was time consuming, and often delayed the updates. Additionally, the invitations and promotional postcards on social media platforms boosted visits to the campaign website.

BRIDGING THE GAP

The Healthy Agenda promoted and disseminated through the #VotoSaludable platform was presented to the candidates as a key document to include in their health proposals. This agenda is greatly influenced by the 2030 Agenda for Sustainable Development, and thus helped advance it and positioned it in the public and political agendas. Additionally, the final review of the agenda by MSHC members and people living with NCDs included country and context specific proposals, thus improving its value for candidates.

This digital campaign leveraging election cycles presents a model that can be used for raising the profile of any NCD concern directly with the electorate and the candidates, and thus mobilising both public and political support.



Campaign site spotting Mexican presidential candidates with their health proposals.



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